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Paid

Preparer

**Use Only** 

Nadler

Levy

1040

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Atlanta, GA

Form s	990 ent of the Treasury	Return of Organization Exempt From Incorunder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except Do not enter social security numbers on this form as it may be material.	private found: :de public.	ations)	2014 2016 Open to Public
Internal F	Revenue Service	Information about Form 990 and its instructions is at www.irs.gov	/form990.		Inspection
		endar year, or tax year beginning , and ending	<del></del>	D. Caralana	140-110-110-110-110-110-110-110-110-110-
	ry a otherwise			D Employer	identification number
╚	ress change	Hindu American Foundation Inc		CO 0E	E1 E0E
Nan	ne change	Doing business as  Number and street (or PO box if mall is not delivered to street address)  Rox	om/suite	E Telephone	51525 number
Instia	al return	and a mark and a summary a	16A		23-8222
	d return/	City or town, state or province, country, and ZIP or foreign postal code			
_	rinated	Washington DC 20006		G Gross recel	pts 1,528,23
=	ended return	Name and address of principal officer			
X App	dication pending	Suhag Shukla	H(a) Is this a grow	up return for su	bordinates? Yes X
		Same as "C" above	H(b) Are all subc	ordinates includ	ed?
	\		11 "No,"	attach a list. (s	ee instructions)
I Tax	c-exempt status	X 501(c)(3) 501(c) ( ) • (insert no.) 4947(e)(1) or 527			
J We	batte: • WT		H(c) Group exern		·
	m of organization	X Corporation Trust Association Other • L Year of	f formation: 2	003	M State of legal domicile:
<b>%Par</b>	Sui	nmary			
1	1 Briefly des	cribe the organization's mission or most significant activities:			
æ	See S	chedule O			
Ĕ					
<b>E</b>					•
Governance	2 Check this	box • [ ] If the organization discontinued its operations or disposed of more than 25% of it	ts net assets		
<b>65</b>	3 Number of	voting members of the governing body (Part VI, line 1a)		3	4
8	4 Number of	independent voting members of the governing body (Part VI, line 1b)		4	4
Activities	5 Total num	er of individuals employed in calendar year 2014 (Part V, line 2a)		5	8
₹	6 Total num	er of volunteers (estimate if necessary)		6	50
- }	7a Total unre	ated business revenue from Part VIII, column (C), line 12		7a	
-	b Net unrela	ed business taxable income from Form 990-T, line 34	Di- V	7b	
l	9 Combridadio	ns and grants (Part VIII, line 1h) RECEIVED	Prior Year 1,101		Current Year 1,176,47
Revenue		ervice revenue (Part VIII, line 2g)	- 1,101	,,,,,,	1,110,21
[ ]	-	income (Part VIII, column (A) lines 3, 4, and 7d) 2015 nue (Part VIII, column (A) lines 5, 6d 8d, 9c 10c, and 11e)	58	3,760	44,38
₽ .	11 Other reve	nue (Part VIII, column (A), lines 5, 6d 8d, 9c, 10c, and 11e)		7,00	14/50
		ue – add lines 8 through 11 (Must equal Part VIII, column (A) line 12)	1,160	759	1,220,85
		similar amounts paid (Part IX, column (A) Tries (1-3)		2,607	67,74
- 1		id to or for members (Part IX, column (A), line 4)		7.33.1	<u></u>
	•	ther compensation, employee benefits (Part IX, column (A), lines 5-10)	423	3,896	544,90
85 I		al fundraising fees (Part IX, column (A), line 11e)		/	
Expens		alsing expenses (Part IX, column (D), line 25) • 198,625	<b>维机</b> 了维急流		
ă .		inses (Part IX, column (A), lines 11a-11d, 11f-24e)	265	350	360,50
	•	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)		.,853	973,14
- 1	•	ess expenses. Subtract line 18 from line 12		3,906	247,71
58			ginning of Curr		End of Year
	20 Total asse	s (Part X, line 16)	1,861	.,400	2,116,88
\$8	21 Total ilabil	ties (Part X, line 26)		0	
Fund	22 Net assets	or fund balances. Subtract line 21 from line 20	1,861	400	2,116,88
		nature Block			
		erjury, I declare that I have examined this return, including accompanying schedules and statements, a inplete. Declaration of preparer (other than officer) is based on all information of which preparer has a		of my know	ledge and belief, it is
		Ric But		1	1/11/15
Sign	Si	nsture of officer		Date	
Here		Rishi Bhutada Directo	r		
		e or print name and title			
	04-45	preparer's name Preparer's signature	Date	Check	if PTIN

Consulting,

Crown Pointe Pkwy Ste 775 ta, GA 30338-7701

and

Firm's EIN •

Phone no

P00952815

27-3592604

770-804-3199

Yes No Form 990 (2014)

ım 990 (20	14) Hindu America	n Foundation Inc	68-0551525	Page 2
Part III	Statement of Program	Service Accomplishments ontains a response or note to a	ny line in this Part III	X
1 Briefly	describe the organization's miss		Ty into it that are in	
	chedule O			
	organization undertake any sigr	inficant program services during the year	or which were not listed on the	☐ Yes 🛣 No
•	" describe these new services o	n Schedule O		
services	s?	or make significant changes in how it	conducts, any program	Yes X No
Describ    expens	es Section 501(c)(3) and 501(c)	rvice accomplishments for each of its t  (4) organizations are required to report  for each program service reported		
4a (Code Progr	) (Expenses \$ cam One: Policy	182,009 including grants of	of \$ ) (Re	venue \$
to ir	nstitutions infl tive 2: Highligh	nt the Hindu Americ Lencing and making nt and secure the h	policy	
1. Pu	indu minorities	annual human rights worldwide essional briefings		
4b (Code Progr	) (Expenses \$	182,009 including grants on	of \$ ) (Re	venue \$ )
tradi	tion	an accurate underst		
1. Cr 2. Tr in th	rained over 500 ne classroom	m 101 Teacher's Tra public school teach	ers on how to teac	
3. Co	onduct teacher's	trainings across t	he country from Ca	lifornia to Texas
4c (Code Progr	) (Expenses \$ ram Three: Commu		of \$ 67,744 ) (Re	evenue \$
Objec	ctive 2: Build a	pluralism and mutu sustainable instit communities for fut	ution that will re	peoples main a preeminent
1. Su Hindu act a	n American inter as ambassadors f	r Congressional Int ns with the opportu or the Hindu Americ olds through the a	nity to learn on C an community	apitol Hill and
	program services (Describe in S			
	nses \$orogram service expenses •	including grants of \$ 553,104	) (Revenue \$	
4e lotal p	orogram service expenses •	JJJ, 104		Fam. 990 (2014

Form 990 (2014) Hindu American Foundation Inc 68-0551525 Part 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,"	1	x	
_	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1		
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		1	
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	_
ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ļ	X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	İ		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			۱.,
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			Į "
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del> </del>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>-</b> ≏
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	146		x
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	_	-
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			-
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	"		Γ.
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Forn	990 (2014) Kindu American Foundation Inc 68-0551525		F	age 4
Pa	art IV Checklist of Required Schedules (continued)		TV	T
0.4	Did the executation reped more than \$5,000 of armite or other executance to any demostra executation or		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		<del>                                     </del>	<del>  **</del>
22		22	x	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<del> </del>	<del> </del>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		x
	employees? 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 lines 24b	امرا		x
	through 24d and complete Schedule K. If "No," go to line 25a	24a	<del>                                     </del>	<del>  ^</del>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	+	├
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	الما		
	to defease any tax-exempt bonds?	24c	-	<del>                                     </del>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	├	┼─-
25a		۔ ا		_ <b>.</b>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<del> </del> -	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b	-	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			٠,
	disqualified persons? If "Yes," complete Schedule L, Part II	26	├	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	}		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	.28a	ļ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			l
	Schedule L, Part IV	28b	<b>├</b>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			l
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	+	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<del> </del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	┼	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			l
	Part I	31	<del> </del>	X
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	<del> </del>	X
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	<b>├</b>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	l		
	or IV, and Part V, line 1	34	<del> </del>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		ļ	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<del> </del>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	}	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1	1	1

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2014)

Part Vi

DAA

	990 (2014) Hindu American Foundation Inc 68-0551525		P	<u>age 5</u>
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Щ.
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	<u>1c</u>		
2a	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 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	· · · · · · · · · · · · · · · · · · ·	3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?			X
þ				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<u>x</u> _
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			42
	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>
Ь			1	
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a	<del> </del> -	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		
	required to file Form 8282?	7c		
đ	· · · · · · · · · · · · · · · · · · ·			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as in		┼	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against 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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			L
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			}
	the organization is licensed to issue qualified health plans			
¢	Enter the amount of reserves on hand		ļ.,	L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<b></b>	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
DAA		For	m <b>99</b> 0	J (2014)

Form_	990 (2014) Hindu American Foundation Inc 68-0551525			age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a	"No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e instr	uction	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec1	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4	- 1		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.	}		
þ	Enter the number of voting members included in line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customanly performed by or under the direct	ł		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1		l
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	_ <u>X</u> _	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Jode		r
		<u></u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	ļ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		7.5	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	├
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		~~	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<del> </del> -
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	X	ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	i	7.7	
	describe in Schedule O how this was done	12c	X	37
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4	v	ł
a	The organization's CEO, Executive Director, or top management official	15a	X	<del></del>
ь	Other officers or key employees of the organization	15b	_	$\vdash$
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a		40-		x
	with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16h		
800	organization's exempt status with respect to such arrangements?  tion C. Disclosure	16b		ь
	<del></del>			
17	List the states with which a copy of this Form 990 is required to be filed • None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
18	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
13	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records •			
	oila McDowell 910 17th Street NW, Suite 316A			
	·	-22	3-8	222

Form 990 (2014) Hindu Ame										Page <b>7</b>
		Dir	ecto	ors,	Tr	uste	es	, Key Employees, Hi	ghest Compensated	Employees, and
Independent C										
								to any line in this Par		
Section A. Officers, Directors,  1a Complete this table for all person								t Compensated Employee		
organization's tax year	•					•		•	•	
<ul> <li>List all of the organization's cu compensation Enter -0- in columns</li> </ul>									s), regardless of amount of	
<ul> <li>List all of the organization's cu</li> </ul>							-		nployee "	
<ul> <li>List the organization's five cur who received reportable compensation organization and any related organization.</li> </ul>	on (Box 5 of For									
• List all of the organization's fo		ev er	nplor	vees	. and	d hial	hest	compensated employees v	who received more than	
\$100,000 of reportable compensation	on from the orga	iniza	tion	and	any	relate	ed o	rganizations		
<ul> <li>List all of the organization's fo organization, more than \$10,000 of it</li> </ul>										
List persons in the following order in						_		•		
compensated employees, and forme	r such persons									
Check this box if neither the org	anization nor an	y rel	ated	orga	anıza	tion	com	pensated any current office	er, director, or trustee	
(A) Name and Title	(B) Average			(e Pos	C)			(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours per			check	more	than c		compensation	compensation from	amount of
	week (list any					s both or/trust		from the	related organizations	other compensation
	hours for related	우콥	IN IN	Officer	ξ	효표	ğ	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations below dotted	Individual or director	Institutional	ह		Highest compensated employee	Former	(,		and related
	line)	or trustee	_		етріоуев	comp				organizations
		8	trustee			ensat				
(1) Aseem Shukla		╁		_		- <del>R</del>	_	<u> </u>		
(1) Aseem Shukia	5.00									
President/Chairman	0.00	x		x				o	o	0
(2) Mihir Meghani								<del> </del>		
	5.00									
Vice Pres/Vice Chair	0.00	X		X	<u> </u>	L		0	0	0
(3) Rishi Bhutada	F 00									
Director	5.00 0.00	x		x				o	o	0
(4) Padma Kuppa	0.00			_				· · · · · · · · · · · · · · · · · · ·		
(,, = =================================	5.00									
Director	0.00	X		X				0	0	0
(5) Sheetal Shah										
	40.00			,,				76 001		
Senior Director (6) Suhag Shukla	0.00	-	-	X				76,201	0	0
(6) Suriag Siluxia	40.00									
Ex Dir/Legal Counsel	0.00			x				61,501	o	0
(7)								,		
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(8)										
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DAA										Form 990 (2014)

RETROACTIVE REINSTATEMENT

(12)   (13)   (14)   (15)   (16)   (17)   (18)   (19)		990 (2014) Hindu Am t VII Seation A. Officer								68-055 and Highest Compensated				Pag	ge (
compression of the compression o	r ai	(A)	(B) Average hours per week (list any	(dd	o not o	Pos check ess pe	C) atton more	than c	one an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estima amoui othi compen			
(15)  (16)  (17)  (18)  (19)  (19)  (19)  (19)  (19)  (10)  (10)  (10)  (10)  (10)  (11)  (11)  (12)  (12)  (13)  (14)  (15)  (15)  (16)  (17)  (18)  (19)  (19)  (19)  (10)  (10)  (10)  (10)  (10)  (11)  (11)  (12)  (12)  (13)  (14)  (15)  (15)  (16)  (17)  (17)  (18)  (19)  (19)  (10)  (10)  (10)  (10)  (11)  (11)  (10)  (11)  (11)  (11)  (12)  (12)  (13)  (14)  (15)  (15)  (16)  (17)  (17)  (18)  (19)  (19)  (19)  (10)  (10)  (10)  (11)  (10)  (11)  (11)  (11)  (12)  (12)  (13)  (14)  (15)  (15)  (16)  (17)  (17)  (18)			related organizations below dotted	Individual trustee or director		Officer	Key employee	Highest compensate employee	Former		(W-2/1099-MISC)	org an	anızatıcı 1 related	d	
(15)  (15)  (16)  (17)  (18)  (19)  (19)  (19)  (10)  (10)  (10)  (10)  (10)  (11)  (11)  (11)  (11)  (12)  (13)  (14)  (15)  (15)  (16)  (17)  (18)  (19)  (19)  (10)  (10)  (10)  (11)  (11)  (11)  (11)  (12)  (13)  (14)  (15)  (15)  (16)  (17)  (18)  (19)  (19)  (10)	(12)							-							
(15)  1b Sub-total  1 Total form continuation sheets to Part VII, Section A  1 Total (add lines 1 to and 1c)  2 Total number of individualist (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual surface organization is any former officer, director, or trustee, key employee, or highest compensation from the organization and related organizations greater than \$150,000 if "Yes," complete Schedule J for such individual surface organization and related organizations greater than \$150,000 if "Yes," complete Schedule J for such individual surface organization from the organization from the organization from the organization for such individual surface organization for such individual for such individual for such individual surface organization for such individual for such individua	(13)													·	
(16)  1b Sub-total (Total from continuation sheets to Part VII, Section A (Total from continuation sheets to Part VII, Section A (Total from continuation sheets to Part VII, Section A (Total from continuation sheets to Part VII, Section A (Total from Commensor of Monduals (including but not limited to those issed above) who received more than \$100,000 of reportable compensation from the organization to 1  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? if "Yes," complete Schedule J for such individual 4 For any individual sted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this sable for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and bisness satists  Complete Schedule J for such person  (B)  Complete Schedule J for such person  (C)  Complete Schedule J for such person  (C)  Complete Schedule J for such person  (D)  Name and bisness satists  Complete Schedule J for such person  (D)  Complete Schedule J for such person  (E)  Complete Schedu	(14)	<del></del>		:											
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(18)  1b Sub-total  1c Total from continuation sheets to Part VII, Section A  1 Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization from the organization is tany former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section 8. Independent Contractors  1 Complete this table for your five highest compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business activess  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization from the organization of services.	(16)								ļ						
15 Sub-total  c Total from continuation sheets to Part VII, Section A d Total (add lines to and 1c) 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization • 0  Yes I  Total number of midwoulation (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization • 0  Yes I  Total number of midwoulation (including but not limited to those listed above) who received more than \$100,000 of reportable compensation and other compensation from the organization and related on line 1a; is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual and in the compensation of the organization of individual and in the compensation of the organization of individual and in the compensation of individual and individual an	(17)														
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization • 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization's tax year  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization from the organization's tax year	(19)	- 111						<del> </del> -				<del>- , , , , , , , , , , , , , , , , , , ,</del>			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization * O  Tyes * O  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.			eets to Part VII,	Sect	ion i	Α	1	<u> </u>	•						
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? if "Yes," complete Schedule J for such individual individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? if "Yes," complete Schedule J for such individual Indivi		Total number of individuals (i				thos	e lis	ted a	bove		\$100,000 of				
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3									loyee, or highest compens	ated			es	No X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A) Name and business address  (B) Description of services  (C) Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.	4	For any individual listed on lii organization and related organization	ne 1a, is the sum	of r	epor	table	cor	npen	satio						x
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.	5	Did any person listed on line									r individual		5		x
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  (C)  Compensation  (D)  Compensation  (E)  Description of services  (E)  Compensation  (D)  Compensation  Compen				ensa	ated	ınde	pend	dent	contr	ractors that received more	than \$100,000 of	·			
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization • 0		compensation from the organ	nization Report c	ompe	ensa	tion	for t	ne ca	elend	dar year ending with or with	nin the organization's tax yea	ar	Comp	(C)	
received more than \$100,000 of compensation from the organization • 0		Name a	iu dusiliess address							Descrip	JUDIT OF SCAVILES		Comp	ici isauc	<u>''</u>
received more than \$100,000 of compensation from the organization • 0		<del></del>	<del> </del>						_						
received more than \$100,000 of compensation from the organization • 0						-			-						
received more than \$100,000 of compensation from the organization • 0															
										se listed above) who	0			000	

Form	990	(2014) Hin	<u>du Ameri</u>	can	Fou	ndation	Inc	68-0551525		Page S
Pa	rt V	III Statem	ent of Reve	nue	4-!			in Abin Don't VIII		
		Check	if Schedule C	con	tains a	response	or note to any line (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exctuded from tax under sections 512-514
នស	12	Federated can	naigns	1a				16461/09		312-314
E	h	Membership di		1b						
اَعُ	•	Fundraising ev		1c						
₽Z	d			1d						
일	6	Government grants	Г	1e						
Sis	f	All other contribution	Г	<del>''</del>						
팔힘	•	and similar amounts		1f	1.	176,473				
ξō	g	Noncash contribution	u. Is included in lines 1a-		<u> </u>	142,499				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add line		`		•	1,176,473			
ne				-		Busn Code			•	
Program Service Revenue	2a									
~	b									
ŝ	c								_	
Şe	d									
Ē	е									
gra	f	All other progra	am service rever	nue						
g.	g	Total. Add line	es 2a-2f			•				
	3	Investment inc	ome (including o	lividen	ds, intere	est,	,			
		and other simi	lar amounts)			•	33,404			33,404
	4	Income from in	nvestment of tax-	exemp	ot bond p	roceeds •				
	5	Royalties				•				
			(ı) Real		(n) f	Personal				]
	6a	Gross rents								
	b	Less rental exps								
	С	Rental inc or (loss)								
	_d	Net rental inco	me or (loss)			•				
	7a	Gross amount from sales of assets	(i) Secuntes		(11)	Other				
		other than inventory	318,	116		237				
	b	Less cost or other	•							
		basis & sales exps	307_,							
	С	Gain or (loss)	10,	744		237				
	d	Net gain or (lo	ss)			•	10,981			10,981
<u>a</u>	8a		om fundraising ever	nts						
enr		(not including \$								
Rev			eported on line 1c)							
e		See Part IV, line		а						
Other Revenue	b	Less direct ex	•	bί						
_	С		(loss) from fund	7	events	•				<del> </del>
	9a		om gaming activities							
		See Part IV, line		a						
		Less direct ex	•	ьĮ						
			(loss) from gam	ing ac	tivities	•				<del></del>
	าบล	Gross sales of	· <del>-</del>	_ :						
		returns and al		a						
		Less cost of g		b		•				
	<del>- c</del>		(loss) from sale:	S OI IN	ventory	Busn Code				<del>- </del>
	11a	Mist	CONSTITUTES IVEASITION							
	b									<del> </del>
	C									<del> </del>
	d	All other reven	nue							<del>                                     </del>
	e	Total. Add line				•				<del> </del>
			<del>-</del>							

1,220,858

44,385

Total revenue. See instructions

Form 990 (2014) 'Hindu American Foundation Inc 68-0551525 Page 10 Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Do not include amounts reported on lines 6b, Management and Fundraising Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations 13,046 13,046 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 49,230 49,230 individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 5,468 5,468 individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 88,772 19,920 137,702 29,010 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 345,706 195,424 78,226 72,056 Other salanes and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 21,988 12,395 5,183 4,410 Other employee benefits 39,508 23,227 8,021 8,260 10 Payroll taxes Fees for services (non-employees) Management 94 94 Legal 5,250 5,250 Accounting C d Lobbying Professional fundraising services See Part IV, line 17 е 8,504 8,504 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 41,531 20,195 11,677 9,659 12 Advertising and promotion 84,471 40,518 41,179 2,774 13 Office expenses Information technology 14 Royalties 15 25,883 25,883 Occupancy 16 70,787 80,006 2,683 6,536 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 76,944 23,115 642 53,187 Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 2,182 2,182 Depreciation, depletion, and amortization 22 5,380 5,380 Insurance 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 30,255 10,927 6,595 Supplies 12,733 b e All other expenses 973,148 553,104 221,419 198,625 25 Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here •

following SOP 98-2 (ASC 958-720)

Form 990 (2014) 'Hindu American Foundation Inc 68-0551525 Page 11 **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 14,018 15,820 Cash-non-interest bearing 1 634,367 2 861,543 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 15,014 10a other basis Complete Part VI of Schedule D 15,014 10b 10c b Less accumulated depreciation 1,211,213 1,241,322 11 Investments-publicly traded securities 12 12 Investments-other securities See Part IV, line 11 Investments-program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 1,861,400 2,116,883 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D ol 26 26 Total liabilities. Add lines 17 through 25 |X| and Organizations that follow SFAS 117 (ASC 958), check here • Balances complete lines 27 through 29, and lines 33 and 34. 1,861,400 2,116,883 27 27 Unrestricted net assets 28 28 Temporanly restricted net assets Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here • 5 complete lines 30 through 34. Assets 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Ž 32 Retained earnings, endowment, accumulated income, or other funds 32 2,116,883 **1,861,400** 33 Total net assets or fund balances 33 1,861,400 2,116,883 Total liabilities and net assets/fund balances

Form	990 (2014) Hindu American Foundation Inc 68-0551525			Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,858
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,148
3	Revenue less expenses Subtract line 2 from line 1	3		7,710
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,86	1,400
5	Net unrealized gains (losses) on investments	5		<u>7,773</u>
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Pnor penod adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 1		
	33, column (B))	10	2,11	6,883
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a	X
þ	if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form	990 (2014)

## SCHEDULE A '

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

• Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

Name o	f the organization	Hindu Americ	an Foundation I	nc		68-055:				
Pai	t I Reaso		Status (All organizations		omplete					
			e it is (For lines 1 through 11, c							
1										
2	<del>-</del>	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)								
3										
7	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
۱ ۳	city, and state	=	a m conjunction was a mospital			7. 1. 2(2)(1)(1)(1)(1)	,			
5			of a college or university owned	or operate	ed by a o	overnmental unit described in				
۱				o. opo.u	,					
6	section 170(b)(1)(A)(iv). (Complete Part II )  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
			substantial part of its support fro							
, ,		section 170(b)(1)(A)(vi). (C								
8	_		170(b)(1)(A)(vi). (Complete Part	II)						
9			1) more than 33 1/3% of its sup		contribute	ons, membership fees, and gro	ss			
,			npt functions—subject to certain							
			nd unrelated business taxable in							
	* *	=	0, 1975 See section 509(a)(2).							
10			exclusively to test for public safe							
11			exclusively for the benefit of, to p				ses of			
	one or more	publicly supported organiza	tions described in <b>section 509(a</b>	)(1) or se	ction 509	9(a)(2). See section 509(a)(3).	Check			
	the box in line	es 11a through 11d that des	scribes the type of supporting org	ganızation	and com	plete lines 11e, 11f, and 11g				
а			ed, supervised, or controlled by							
	the supported	d organization(s) the power	to regularly appoint or elect a ma	ajonty of t	he directo	ors or trustees of the supporting	)			
	•	You must complete Part I								
b			vised or controlled in connection							
	control or ma	inagement of the supporting	organization vested in the same	persons	that cont	rol or manage the supported				
	`	s) You must complete Pa								
C			porting organization operated in							
			ctions) You must complete Par							
d			supporting organization operate							
			ganization generally must satisfy							
			st complete Part IV, Sections A							
е	<b></b>		ed a written determination from the			ype i, Type ii, Type iii				
	=	ntegrated, or type in non-it or of supported organizations	unctionally integrated supporting	organizati	011					
f		wing information about the					<del></del>			
<u> </u>	Name of supported	(II) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount of			
117	organization	(11) 2.11	(described on lines 1-9		ur governing	support (see	other support (see			
			above or IRC section	docur	nent?	instructions)	instructions)			
			(see instructions))	Yes	No					
(A)				1 -						
· ·										
(B)										
•										
(C)										
		<u> </u>	<u> </u>							
(D)										
				ļ	ļ					
(E)					1					
		ļ	<del> </del>	ļ	ļ					
				1		l				

RETROACTIVE REINSTATEMENT HIN03 11/23/2015 5 59 PM Schedule A (Form 990 or 990-EZ) 2014 Hindu American Foundation Inc 68-0551525 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Calendar year (or fiscal year beginning in) • Gifts, grants, contributions, and membership fees received (Do not 594,799 1,101,999 4,013,678 612,916 527.491 1,176,473 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 612,916 527,491 1,101,999 1,176,473 4,013,678 Total. Add lines 1 through 3 594,799 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) 794,888 Public support Subtract line 5 from line 4 3,218,790 Section B. Total Support (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Calendar year (or fiscal year beginning in) . Amounts from line 4 594,799 612,916 527,491 1,101,999 1,176,473 4,013,678 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 16,181 13,937 30,732 22,069 33,404 116,323 sources Net income from unrelated business activities, whether or not the business is regularly carned on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 4,130,001 11 12 12 Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 77 94 % 15 15 Public support percentage from 2013 Schedule A, Part II, line 14 81 42 % 16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is

10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2014

instructions

Schedule A (Form 990 or 990-EZ) 2014 Hindu American Foundation Inc

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Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II

If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) • (a) 2010 (d) 2013 (e) 2014 (f) Total (b) 2011 (c) 2012 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 6 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support (e) 2014 (f) Total (a) 2010 (b) 2011 (c) 2012 (d) 2013 Calendar year (or fiscal year beginning in) • Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 % 15 Public support percentage from 2013 Schedule A, Part III, line 15 16 % 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) 17 % 17 18 Investment income percentage from 2013 Schedule A, Part III, line 17 % 18 33 1/3% support tests-2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 19a 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Schedule A (Form 990 or 990-EZ) 2014 Hindu American Foundation Inc

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Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated if designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			-
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (f applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
_	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
_	anyone other than (a) its supported organizations, (b) individuals that are part of the chantable class	İ		
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also		ŀ	!
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			İ
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
•	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent		İ	1
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	Ì		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	1	
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b_		<u> </u>
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	L.	
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a		]
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
~	determine whether the organization had excess business holdings )	10b		

Sched	ule A (Form 990 or 990-EZ) 2014 Hindu American Foundation Inc 68-0551	525	_	Page 5
Par	t IV Supporting Organizations (continued)	<del></del>		
	At the state of the following accounts		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
	ion B. Type I Supporting Organizations	11101		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		<u> </u>
Secti	ion C. Type II Supporting Organizations	<del> </del>		,
		<u></u>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		İ
Sect	ion D. All Type III Supporting Organizations			I
			Yes	No_
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
•	the organization maintained a close and continuous working relationship with the supported organization(s)	- <del></del> -		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns)		-
' a	The organization satisfied the Activities Test Complete line 2 below	,		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see insi	ructions)		
		·		
2 /	Activities Test Answer (a) and (b) below.	1	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		L

Schedule A (Form 990 or 990-EZ) 2014 Hindu American Foundation	Inc	68-0551	525 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (	Organiza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov. 20, 19	770 See instructions. All	
other Type III non-functionally integrated supporting organizations must complete Sec	ctions A thr	ough E	
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	11		
2 Recoveries of prior-year distributions	2	<u> </u>	<u></u>
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	<del></del>	
Section B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		· · · · · · · · · · · · · · · · · · ·
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	1		
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recovenes of pnor-year distributions	7	·	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for pnor year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	· · · · · · · · · · · · · · · · · · ·	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		<u></u>
7 Check here if the current year is the organization's first as a non-functionally-integrat	ted Type III	supporting organization (	see
instructions)			

Schedule A (Form 990 or 990-EZ) 2014

	lle A (Form 990 or 990-EZ) 2014 Hindu American FC		68-0551	525 Page 7
Pari		Supporting Organiza	itions (continuea)	Cumara Vana
	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exempt purp			
2	Amounts paid to perform activity that directly furthers exempt purpositions and the second se	es or supported		
	organizations, in excess of income from activity		<del></del>	
3	Administrative expenses paid to accomplish exempt purposes of sup-			
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (pnor IRS approval required)	<del></del>		
6	Other distributions (describe in Part VI) See instructions	-	<del>-</del>	
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations to which the organizations to which the organizations to which the organizations to which the organizations are the organizations to which the organizations are the organizations to which the organizations are the organizations and the organizations are the organizations and the organizations are the organizations and the organizations are the organization are the organi	zation is responsive		
	(provide details in Part VI) See instructions			<del></del>
9	Distributable amount for 2014 from Section C, line 6	<del></del>	·	
10	Line 8 amount divided by Line 9 amount	(1)	(II)	/110
	Continue F. Distribution Allegations (see instructions)	(i)	(ii) Underdistributions	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions		Distributable
	Dutable and the 2004 from Contra C. line C		Pre-2014	Amount for 2014
	Distributable amount for 2014 from Section C, line 6	<u> </u>		
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
	Excess distributions carryover, if any, to 2014	<del> </del>		<del> </del>
<u>a</u>		<u> </u>		
b		<del>-   ·</del>		
<u>c</u>				
d	From 2042			·
	From 2013	-		
	Total of lines 3a through e			<del> </del>
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			<del></del>
	Carryover from 2009 not applied (see instructions)			
L	Remainder Subtract lines 3g, 3h, and 3i from 3f  Distributions for 2014 from Section	··		<u></u>
4				
		<del>-  </del>		<del>,</del>
	Applied to underdistributions of prior years			······
	Applied to 2014 distributable amount  Remainder Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2014, if	<del></del>		
5	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
O	and 4b from line 1 (if amount greater than zero, see			
	· -			
7	Excess distributions carryover to 2015. Add lines 3j		<del></del>	
′	•			1
	and 4c	<del>- </del>		<del>                                     </del>
	Breakdown of line 7	<del></del>		<del></del>
<u>a</u>	<del></del>	<u> </u>		<del>                                     </del>
<u>b</u>		<del>-   </del>	<u> </u>	
<u>c</u>	Excess from 2013		<u> </u>	
	Excess from 2014			

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE C ' (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

· Complete if the organization is described below. · · · · Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

if the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations. Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, Ilne 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-B

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• S	ection 501(c)(4), (5), or (6) organizations Complete Part III				
	of organization			Employer ident	ification number
	Hindu American Found			68-05515	
Par	t I-A Complete if the organization is exen	npt under section 501(c	) or is a sectior	527 organizati	on.
1	Provide a description of the organization's direct and indire	ect political campaign activities	n Part IV		
2	Political expenditures			• \$	
3	Volunteer hours				
Par	t I-B Complete if the organization is exen	not under section 501(c	2)(3)		
1	Enter the amount of any excise tax incurred by the organiz		,,,,-,,	• \$	<del> </del>
2	Enter the amount of any excise tax incurred by organization		5	• \$	
3	If the organization incurred a section 4955 tax, did it file Fo	=		·	☐ Yes ☐ No
4a	Was a correction made?	•			Yes No
þ	If "Yes," describe in Part IV				
Par	t I-C Complete if the organization is exen	npt under section 501(c	), except section	on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	on for section 527 exempt fund	tion		
	activities			• \$	
2	Enter the amount of the filing organization's funds contribution	ted to other organizations for s	ection		
	527 exempt function activities			• \$	
3	Total exempt function expenditures. Add lines 1 and 2 Ent	er here and on Form 1120-PO	L,		
	line 17b			• \$	
4	Did the filing organization file Form 1120-POL for this year	ts.			Yes No
5	Enter the names, addresses and employer identification nu	ımber (EIN) of all section 527 ı	political organizations	to which the filing	
	organization made payments For each organization listed,	enter the amount paid from th	e filing organization's	funds Also enter	
	the amount of political contributions received that were pro-	mptly and directly delivered to	a separate political o	organization, such	
	as a separate segregated fund or a political action committee	tee (PAC) If additional space is	needed, provide inf	ormation in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly
					delivered to a separate political organization if none, enter -0-
(1)					
(2)		_			
(3)				_	
(4)					
(5)				-	
(6)					

Sch	ned	dule C (Form 990 or 990-EZ) 2014 Hindu	American Foundation Inc	68-0551525	Page 2
P	ar		ation is exempt under section 501(c)(3)	and filed Form 5768 (e	lection under
		section 501(h)).			
Α	C	Check • 🔲 if the filing organizatio	n belongs to an affiliated group (and list in	Part IV each affiliated g	roup member's
		name, address, EIN,	expenses, and share of excess lobbying e	kpenditures).	
В	C	Check • 🔲 if the filing organizatio	n checked box A and "limited control" prov	isions apply	
_		Limits on Lob	bying Expenditures	(a) Filing	(b) Affiliated
			eans amounts paid or incurred.)	organization's totals	group totals
_1	la	Total lobbying expenditures to influence put	olic opinion (grass roots lobbying)	2,500	
	b	Total lobbying expenditures to influence a le	egislative body (direct lobbying)	11,475	
	С	Total lobbying expenditures (add lines 1a ar	nd 1b)	13,975	
	d	Other exempt purpose expenditures		959,173	
	е	Total exempt purpose expenditures (add line	es 1c and 1d)	973,148	
	f	Lobbying nontaxable amount. Enter the amount	ount from the following table in both		
		columns		170,972	
		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	L	Not over \$500,000	20% of the amount on line 1e	]]	
	L	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	]	
	L	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	]	
	Ĺ	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	]	
	1	Over \$17,000,000	\$1,000,000		
	g	Grassroots nontaxable amount (enter 25%	of line 1f)	42,743	
	h	Subtract line 1g from line 1a If zero or less,	enter -0-	0	
	i	Subtract line 1f from line 1c If zero or less,	enter -0-	0	
	j	If there is an amount other than zero on eith	ner line 1h or line 1i, did the organization file Form 472	0	
		reporting section 4911 tax for this year?			Yes No
			A Variation Assessment David Hadan another FO		

#### 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total		
2a	Lobbying nontaxable amount		109,164	136,278	170,972	416,414		
b	Lobbying ceiling amount (150% of line 2a, column(e))					624,621		
С	Total lobbying expenditures		5,860	10,000	13,975	29,835		
đ	Grassroots nontaxable amount		27,291	34,070	42,743	104,104		
е	Grassroots ceiling amount (150% of line 2d, column (e))					156,156		
f	Grassroots lobbying expenditures			1,200	2,500	3,700		

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 Hindu American Foundation Inc 6	8-055	1525	5		Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	OT filed	Fort	_		
For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a	)	(	b)	
description of the lobbying activity	Yes	No	Am	ount	_
<ul> <li>During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of</li> <li>Volunteers?</li> <li>Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>Media advertisements?</li> <li>Mailings to members, legislators, or the public?</li> <li>Publications, or published or broadcast statements?</li> <li>Grants to other organizations for lobbying purposes?</li> <li>Direct contact with legislators, their staffs, government officials, or a legislative body?</li> <li>Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> <li>Other activities?</li> <li>Total Add lines 1c through 1i</li> <li>Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?</li> <li>If "Yes," enter the amount of any tax incurred under section 4912</li> </ul>					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01(c)(5),	or s	ection 		
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the pnor year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."	01(c)(5), ," OR (t	or so) Pa	1 2 3 ection rt III-A, lir	Yes	No
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		_			
a Current year		2a 2b			
b Carryover from last year					
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information					

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Schedule C, Part II-A, Explanation of Four Year Averaging

The organization's section 501(h) election was not in effect for the 2011 tax year.

Schedule C (Form 99C or 990-EZ) 2014 Hindu American Foundation Inc

68-0551525

Page 4

Part IV Supplemental Information (continued)

#### SCHEDULE D ' (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete If the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

OMB No 1545-0047 Open to Public

· Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

Inspection

Name	of the organization		Employer ide	entification number
_H5	ndu American Foundation Inc		68-05	
Pa	rt I Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" to I	nds or Other Similar Funds or A Form 990, Part IV, line 6.	Accounts	s
		(a) Donor advised funds	(b) 1	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised		
	funds are the organization's property, subject to the organization's exc	lusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		
	only for chantable purposes and not for the benefit of the donor or don-	or advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	Tt II Conservation Easements.  Complete if the organization answered "Yes" to	Form 990. Part IV. line 7		
1	Purpose(s) of conservation easements held by the organization (check			
•	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	ortant land a	area
	Protection of natural habitat	Preservation of a certified historic		
	Preservation of open space		000	
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	ervation	
-	easement on the last day of the tax year			eld at the End of the Tax Yea
а	Total number of conservation easements		2a	
ь	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic structure incl	luded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/			
Ī	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organizat	tion during t	he
	tax year •			
4	Number of states where property subject to conservation easement is	located •		
5	Does the organization have a written policy regarding the periodic mor			
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor	cing conservation easements during the y	ear	
	•			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year		
	• \$			
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i	)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense statemer	nt, and	
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that d	lescribes the	e
	organization's accounting for conservation easements			
Pa	rt III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to		Similar A	Assets.
12	If the organization elected, as permitted under SFAS 116 (ASC 958), r	· <del></del>	balance she	
,,	works of art, historical treasures, or other similar assets held for public	and the second s	_	
	public service, provide, in Part XIII, the text of the footnote to its finance			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), 1		nce sheet	
_	works of art, historical treasures, or other similar assets held for public		_	
	public service, provide the following amounts relating to these items		-	
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical treasures, o	r other similar assets for financial gain, pro	ovide the	
_	following amounts required to be reported under SFAS 116 (ASC 958)			
а	Revenue included in Form 990, Part VIII, line 1	<del>-</del>	•	\$
b	Assets included in Form 990, Part X		•	\$

Schedule D (Form 990) 2014 Hindu An				551525	Page 2	
Part III Organizations Maintainin					sets (continued)	
3 Using the organization's acquisition, access collection items (check all that apply)	sion, and other records,	check any of the follo	wing that are a signif	icant use of its		
a Public exhibition d Loan or exchange programs						
b Scholarly research	<b>e</b> □ c	Other				
c Preservation for future generations	_					
4 Provide a description of the organization's	collections and explain	how they further the o	rganization's exempt	purpose in Part		
XIII		•		•		
5 During the year, did the organization solicit	or receive donations o	f art historical treasure	es, or other similar			
assets to be sold to raise funds rather than					Yes No	
Part IV Escrow and Custodial A		an or allo organization				
Complete if the organization	on answered "Yes"	to Form 990. Par	t IV. line 9. or re	ported an am	ount on Form	
990, Part X, line 21.	511 anomorea 100		( , , , , , , , , , , , , , , , , , , ,			
1a Is the organization an agent, trustee, custo	dian or other intermedia	ary for contributions or	other assets not			
included on Form 990, Part X?		.,			Yes No	
b If "Yes," explain the arrangement in Part X	III and complete the foll	owing table				
b if tes, explain the arrangement in Part A	in and complete the lon	Owing table			Amount	
- Danisana balansa				1c		
c Beginning balance				1d		
d Additions during the year				1 <u>u</u>		
e Distributions during the year				1f		
f Ending balance	= 000 D (V)	04 6			Yes No	
2a Did the organization include an amount on				•	∐ Yes ∏ No	
b If "Yes," explain the arrangement in Part X	III Check here if the ex	planation has been pro	ovided in Part Alli			
Part V Endowment Funds.	on annuared "Vee"	to Form 000 Box	+ I\/ line 10			
Complete if the organization			•	(4) 75	(a) Fave vision heat	
	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years t	back (e) Four years back	
1a Beginning of year balance	43,214	31,779	27,903	_	<del> </del>	
<b>b</b> Contributions	10,150	10,075	2,308	<del> </del>	<del></del>	
c Net investment earnings, gains, and						
losses	3,200	3,738	3,321			
d Grants or scholarships	1,130	1,925	1,305			
<ul> <li>Other expenditures for facilities and</li> </ul>						
programs					<del></del>	
f Administrative expenses	680	453	448	<del></del>		
g End of year balance	54,754	43,214	31,779	<u>'</u>		
2 Provide the estimated percentage of the ca	urrent year end balance	(line 1g, column (a))	held as			
a Board designated or quasi-endowment •	%					
b Permanent endowment • 100.00 %	6					
c Temporanty restricted endowment •	%					
The percentages in lines 2a, 2b, and 2c sl	nould equal 100%					
3a Are there endowment funds not in the pos	session of the organiza	tion that are held and	administered for the		<del></del>	
organization by					Yes No	
(i) unrelated organizations					3a(i) X	
(ii) related organizations					3a(ii) X	
b If "Yes" to 3a(II), are the related organization	ons listed as required or	n Schedule R?			3b	
4 Describe in Part XIII the intended uses of						
Part VI Land, Buildings, and Ed	quipment.					
Complete if the organizati		to Form 990, Par	rt IV, line 11a Se	e Form 990,	Part X, line 10.	
Description of property	(a) Cost or other b		[	Accumulated	(d) Book value	
	(investment)	(othe	nr)	depreciation		
1a Land						
b Buildings						
c Leasehold improvements						
d Equipment		<u> </u>				
e Other	<del></del>		15,014	15,014	1	
Total. Add lines 1a through 1e (Column (d) mu	st equal Form 990. Part			•	1	

DAA

Part VII	Form 990) 2014 Hindu American Foun Investments—Other Securities.		68-0551525 F
	Complete if the organization answered "Yes"	to Form 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
) Financial	denvatives		
2) Closely-h	eld equity interests		
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			<u> </u>
otal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12) •		
Part VIII	Investments—Program Related.		
<del></del>	Complete if the organization answered "Yes"	to Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation  Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		-	
	nn (b) must equal Form 990, Part X, col (B) line 13)		L
Part IX	Other Assets.	to Form 000 Port IV lin	on 11d. Son Form 000. Bort V. line 15
	Complete if the organization answered "Yes"  (a) Description	to Form 990, Fait IV, III	(b) Book value
(4)	(a) Description		(D) BOOK Value
(1)			
(2)		<del> </del>	· · · · · · · · · · · · · · · · · · ·
(3)			
(4)			
	- <del></del>		
(6) (7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col (B) line 15.)		•
Part X	Other Liabilities.		······································
	Complete if the organization answered "Yes" line 25	' to Form 990, Part IV, lin	ne 11e or 11f. See Form 990, Part X,
 I.	(a) Description of liability	(b) Book value	1
	I income taxes		1
(2)			1
			1
(3)			7
-		-	1
(4)		<del>-  </del>	7
(4) (5)		1	i e
(4) (5) (6)			1
(3) (4) (5) (6) (7) (8)			-  -
(4) (5) (6) (7) (8)			- - -
(4) (5) (6) (7) (8) (9)	nn (b) must equal Form 990, Part X, col (B) line 25) •		

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 Hind	u American Foundation	n Inc 68	-0551525	Page 4
	Revenue per Audited Financial	Statements With Reve	nue per Return.	
Complete if the orga	anization answered "Yes" to Form	990, Part IV, line 12a.		
	pport per audited financial statements		1	<u>.                                    </u>
2 Amounts included on line 1 but not	on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on ir	ivestments	2a		
b Donated services and use of facilit	ies	2b		
c Recovenes of pnor year grants		2c		
d Other (Describe in Part XIII)		_2d		
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1			3	
4 Amounts included on Form 990, Pa	art VIII, line 12, but not on line 1			
a Investment expenses not included	on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)		4b		
c Add lines 4a and 4b			4c	
	(This must equal Form 990, Part I, line 13		5	· · · · · · · · · · · · · · · · · · ·
	Expenses per Audited Financial		enses per Return.	
Complete if the org	anization answered "Yes" to Form	n 990, Part IV, line 12a		
1 Total expenses and losses per au	dited financial statements		1	
2 Amounts included on line 1 but not	on Form 990, Part IX, line 25			
a Donated services and use of facilit	ies	2a		
b Pnor year adjustments		2b		
c Other losses		2c		
d Other (Describe in Part XIII)		2d		
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1			3	
4 Amounts included on Form 990, Pa	art IX, line 25, but not on line 1			
a Investment expenses not included	on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)		4b		
c Add lines 4a and 4b			4c	
5 Total expenses Add lines 3 and 4	c. (This must equal Form 990, Part I, line	18)	5	
Part XIII Supplemental Info	ormation.			

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Part V, Line 4 - Intended Uses for Endowment Funds

The intended uses for endowment funds are to support HAF's human rights advocacy efforts, general advocacy efforts, and Congressional internship program.

Schedule D (Form 990) 2014 Hindu American Foundation Inc

68-0551525

Page 5

Part XIII Supplemental Information (continued)

Employer identification number Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Attach to Form 990. Hindu American Foundation Inc Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I (Form 990)

Open to Public Inspection

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance × × 88 68-0551525 non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable General Information on Grants and Assistance (p) EIN the selection critena used to award the grants or assistance? Name and address of organization or government <u>a</u> Part I Part II

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Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule 1 (Form 990) (2014)

Page 2

68-0551525	to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	
an Foundation Inc	mestic Individuals. Comp	nal space is needed
Schedule I (Form 990) (2014) Hindu American	Part III Grants and Other Assistance to Do	Part III can be duplicated if additional
Form 990) (2014) H.	Grants and Ot	Part III can be
Schedule 1	Part III	

rait III can be duplicated II additional space 1s	ioliai space is liceded				
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book,   (f) Description of non-cash assistance
,	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	3
ridentification in the second of the second	a	43 598			
ATHEOREM THEORY		000/01			
2 NextGen essay contest	4	1,250	Ţ		
3 Academic	2	3,250			
4 Sponsorships	2	632			
5 Immigration Legal Fees		500			
co.					
7					

Supplemental Information. Provide the Information required in Part I, line 2, Part III, column (b), and any other additional information. Part IV

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

organizational grantees to open their accounting books to inspection and to have made towards achieving grant goals and objectives and a description of activities and evaluation criteria. In addition, grantees must provide an provide site access, if applicable, upon request, and retains the power to project objectives, including a detailed explanation of all expenses and organizations) and requires them to provide reports on the progress they purchases made in connection with the grant funds. HAF also requires ongoing accounting of how the grant funds are utilized to accomplish HAF continues to monitor and oversee grantees (both individuals and

Schedule 1 (F.	Schedule   (Form 990) (2014) Hindu American Foundation Inc	1 Foundation		68-0551525		Page 2
Part III	Grants and Other Assistance to Domestic I	Domestic Individua	Is. Complete if the	organization answere	ndividuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22	IV, line 22
	Part III can be duplicated if additional space is	lal space is needed.				
	(a) Type of grant or assistance	(b) Number of reapients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
-						
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l "						
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· vo						
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7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information re	quired in Part I, line	2, Part III, column (	b), and any other addition	al information.

withhold funds if reports are not provided or funds are not being used for

their intended purpose.

Schedule I (Form 990) (2014)

#### RETROACTIVE REINSTATEMENT

# SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

**Transactions With Interested Persons** 

• Complete If the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open To Public

Internal Revenue	Service Illioiniadon about	SCHEULIE E (F	3111 330 01 330-	<u>LL, a</u>	iiid i	LB IIIBUUCUOIIS IS	at www.iio.					specuo	<u></u>	
Name of the orga	anization							Employ			on nur	nber		
	Hindu American Found							68-0		<u>≥5</u>				
Part I	Excess Benefit Transaction Complete if the organization answere	•		-						Эb				
	Complete if the Organization Unione		nship between disqu									(d)	Согтес	ted?
1	(a) Name of disqualified person	(-,	organization		•		(c) Descript	on of trai	nsaction	1		Yes	$\neg \neg$	No
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(2)												<b>↓</b> _	$\bot$	
(3)												—	$\dashv$	
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	the amount of tax incurred by the organiz	ation managei	s or disqualified	d per	rsons	s during the year	•		. ¢					
	section 4958 the amount of tax, if any, on line 2, above	e reimbursed l	ov the organiza	tion					• \$					
J LINGI V	the amount of tax, if any, on the 2, above	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, o.g						•					
Part II	Loans to and/or From Interes	ested Perso	nns				-							
	Complete if the organization answere			t V, I	ine :	38a or Form 990	, Part IV, lii	ne 26, d	or if th	ne				
	organization reported an amount on F													
	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Lo	oan to m the		(f) Balanc	e due	(g) ln	default?	(h) Ap	pproved oard or	(i) W	Vntten
		Will Organization	l wan		g ?	panapa amoun						nittee?	agree	THEIR!
				To	From				Yes	No	Yes	No	Yes	No
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(10)												1		1
Total						• \$								
Part III	Grants or Assistance Bene													
	Complete if the organization answere	d "Yes" on Fo	rm 990, Part IV	', line	27	· · · -								
	(a) Name of interested person		ship between intere		(c) A	mount of assistance	(d) Type of a	ssistance		(e)	Purpos	e of as	sistance	
		person	and the organization	١	├.				_					
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Part IV	Business Transactions Involving Complete if the organization answered "Yes"		Po 20h or 20o			
		on roun 990, Part IV, Ine 2				
				· · · · · · · · · · · · · · · · · · ·	(e) S	hann
	(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	of o	org
		organization	u anadonom		Yes	No
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10)	Complemental Information		<del></del>			<u> </u>
Part V	Supplemental Information Provide additional information for responses	to questions on Schedule I	(cee instructions)			
	Provide additional information for responses	to questions on Schedule L	(See Instructions)	<del></del>		
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### SCHEDULE M. (Form 990)

**Noncash Contributions** 

• Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047 2014

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Department of the Treasury Internal Revenue Service Name of the organization

. Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer Identification number

		rican	Foundation	Inc		68-055152	5		
Pa	rt I Types of Property								
		(a) Check if	(b) Number of contributions or	(c) Noncash contribution		(d) Method of determining			
		applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g		noncash contribution amo	unts		
1	Art — Works of art			, 5,111 555, 7 511 7 111, 1115 19			_		
2	Art — Historical treasures		<del></del>						
3	Art — Fractional Interests								
4	Books and publications							•	
5	Clothing and household					<del></del>			
•	goods		-,						
6	Cars and other vehicles								
7	Boats and planes					<u> </u>			
8	Intellectual property								
9	Securities — Publicly traded	X	8	142,499	NYSE	Mean Value			
10	Securities — Closely held stock								
11	Securities — Partnership, LLC,								
	or trust interests								
12	Securities — Miscellaneous								
13	Qualified conservation								
	contribution — Historic structures								
14	Qualified conservation		4	<del></del>					
	contribution — Other								
15	Real estate — Residential								
16	Real estate — Commercial								
17	Real estate — Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens		_						
24	Archeological artifacts						_		
25	Other • (	ļ							
26	Other • (		<u> </u>			·			
27	Other • (								
28	Other • (								
29	Number of Forms 8283 received by								
	which the organization completed F	orm 8283,	Part IV, Donee Acknowl	edgement	29			1.7	
								Yes	No
30a									
	28, that it must hold for at least thre			contribution, and which is n	ot required		1		<b>.</b>
	to be used for exempt purposes for		holding period?				30a	-	X
b	If "Yes," describe the arrangement		and the state of t						
31	Does the organization have a gift ac	cceptance	policy that requires the re	eview of any non-standard			24		x
20-	contributions?	um perior -	or related amonimations	to collect process or call a	oncach		31	<del> </del>	<b>├</b> ^
32a	<u> </u>	iiia parties	or related organizations	to solicit, process, or sell f	ioncasn		320		x
L	contributions?						32a	$\vdash$	<del>  ^</del>
b 22	If "Yes," describe in Part II  If the organization did not report an	amount in	column (c) for a type of	property for which column	(a) is check	red			
33	describe in Part II		Column (c) for a type of	property for which condities	(a) is crieci				

Schedule M (Form 990) (2014)

Hindu American Foundation Inc

68-0551525

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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Hindu American Foundation Inc

Employer Identification number 68-0551525

Form 990 - Organization's Mission

The Hindu American Foundation (HAF) is changing the narratives and shaping the policies that affect Hindus every day. HAF's key competencies are in the areas of Education, Policy, and Community. From improving the portrayal of Hinduism in textbooks to offering solutions to contemporary problems by applying Hindu philosophy, from advocating for religious liberty and human rights to cultivating future Hindu American leaders, HAF speaks up, educates, and builds relationships with key stakeholders to strengthen the welfare of Hindus globally and promote dignity, mutual respect, and pluralism universally.

Form 990, Part III, Line 4a - First Accomplishment violations faced by Hindus in South Asia

- 3. Host an annual Advocacy Day on Capitol Hill where members of HAF meet with their Congressional officials to discuss issues of relevance to the community
- 4. Secured the addition of an "anti-Hindu" hate crime category to the FBI's tracking mechanism
- 5. Work with Congressional leaders to ensure the Hindu American community has access to religious workers, staff tamples, and religious institutions
- 6. Spearheaded and advocated for the passage of Hindu American Awareness & Appreciation resolutions at the state level (passed in California in 2013)
- 7. Served as a partner to organize the first Diwali celebration at the State Department

Schedule O (Form 990 or 990-EZ) (2014)

Page 2

Name of the organization

Hindu American Foundation Inc

Employer Identification number 68-0551525

Form 990, Part III, Line 4b - Second Accomplishment to Virginia

- 4. Create and freely distribute (via the website) modules consisting of an introductory primer, powerpoint presentation, and lesson plan that cover various aspects of Hindu philosophy and practice (as part of the Hinduism 101 initiative)
- 5. Work with publishers to to ensure an accurate and fair portrayal of Hinduism in school textbooks
- 6. Publish monthly blogs on the Huffington Post that provide a Hindu perspective on various contemporary issues
- 7. Create and provide free copies of a Hinduism Media Toolkit and Hindiusm Q&A booklet at media and academia conferences

Form 990, Part III, Line 4c - Third Accomplishment and feature the youth voice

- 3. Created and freely distribute (via the website) a Know Your Rights guide for the Hindu American community
- 4. Created and freely distribute (via the website) an annual Diwali Toolkit for Hindu American parents to teach about Diwali in their children's school

Form 990, Part VI, Line 2 - Related Party Information Among Officers

Aseem Shukla Suhag Shukla

Pres/Chair

Ex. Director

Spouse

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 HAF's Board of Directors reviews Form 990 and votes on submission of the

Schedule Q (Form 990 or 990-EZ) (2014)

Name of the organization

Hindu American Foundation Inc

Employer Identification number

68-0551525

form to the Internal Revenue Service. Forms 990 are signed by either the executive director or the treasurer of the organization.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Board member Aseem Shukla does not participate in the deliberation
and decision making regarding the compensation paid to Suhag Shukla.

(Aseem leaves the room before the governing body begins the discussion of Suhag's compensation.)

Form 990, Part VI, Line 15a - Compensation Process for Top Official Compensation is determined by the Board based upon industry standards and comparability data.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Compensation is determined by the Board based upon industry standards and

comparability data.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation HAF's mission objectives, impact summary, and recently filed Forms 990 are available on the GuideStar website. The organization's governing documents, conflict of interest policy, and financial statements are available upon request.