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SCHEDULE L

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

28b, or 28c, of Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

| Name of the organization | | | | | | | Emplo | yer iden | tification | numbe | er | | |
|--------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------|--------------------------------------------------------|--------------|--------------------------|-------------------------|------------------------|----------|---------------------------|------------------------|---------|-----------------|-------|
| P.D.HEMLANI FOUNDATION LTD Part Excess Benefit Transactions (section (501(c)(3), section 501(c)(4)) | | | | | 66-0769916 | | | | | | | | |
| | | | | | | | | | | | , , | 46: | |
| Complete if the | organization a | - | | | | line 25 | a or 25b, or ⊦or | m 990 |)-EZ, I | Part \ | /, line | | |
| 1 (a) Name of disqualified person | | (b) Relationship between disqualified person and organization | | | | (c) Description of tran | | | saction | | | (d) Corr Yes | No No |
| | | | | | | | | | | | | | |
| _ (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (3) 2 Enter the amount of tax inc | curred by the ora | lanization manage | ore or d | licavalified | persons (| during th | 2 VO2r | | | | | | |
| under section 4958 | | | | | | | | | ▶ \$ | ; | | | |
| 3 Enter the amount of tax, if | any, on line 2, at | | | | | | | • | ▶ \$ | | | | |
| Dort It Lagra to and/ | Even Inter | atad Davassa | | | | | | | | | | | |
| Loans to and/o | | | | orm 990- | EZ. Part | V. line | 38a or Form 99 | 0. Par | t IV. I | ıne 26 | 3. or i | f the | |
| organization re | | | | | | | | , | , . | | -, | | |
| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or (e) Or from the principal organization? | | ginal (f) Balance due | | (g) In default? (h) A | | | proved (i) Written | | itten | |
| | | | | | principal amount | | | | | by board or committee? | | agreement? | |
| | | | То | From | | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | - | | | | | | |
| | | | | | | | - | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| | | | | | | | | | | _ | | | |
| (5) | | | | <u> </u> | | | | ļ | | | ļ | | L |
| *************************************** | | fiting Interest | | | · · | . 🕨 🛚 | <u> </u> | | | | | | |
| | | answered "Yes | | | , Part IV, | , line 27 | , | | | | | | |
| (a) Name of interested person | | (b) Relationship between interested person and the organization | | | (c) Amount of assistance | | (d) Type of assistance | | (e) Purpose of assistance | | | | |
| | | | * | | | | | | | <u>-</u> | - | | |
| (1) | | = | | | | | | | | | _ | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (6) | | | | | | | · | | | | | | |

| (a) Name of interested person | (b) Relationship between interested person and the organization | interested person and the transaction | (d) Description of transaction | (e) Shanng organization revenues | |
|-------------------------------|-----------------------------------------------------------------|---------------------------------------|--------------------------------|----------------------------------------|---|
| | | | | Yes | T |
| LAW OFFICE OF MINAKSHI | | | | | T |
| HEMLANI, PC | DIRECTOR'S FAMILY | 22,000 | LEGAL SERVICES | | 1 |
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| rt V Supplemental Information | | | | | L |
| | on for responses to questions of | on Schedule I. (se | e instructions) | | |
| Provide additional informati | ion for responses to questions t | on Schedule L (se | e instructions) | | _ |
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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.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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 **Open to Public** Inspection

Employer identification number

P.D.HEMLANI FOUNDATION LTD 66-0769916 01. General explanation attachment PART VI - LINE 11B PRIOR TO FILING, A COMPLETE ELECTRONIC COPY OF FORM 990 IS SENT TO ALL MEMBERS OF THE BOARD OF DIRECTORS. AFFIRMATIVE CONFIRMATION IS MADE TO ASSURE THAT ALL DIRECTORS CONCUR WITH THE RETURN AS PREPARED. PART VI - LINE 15A AND 15B COMPENSATION FOR THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES IS ESTABLISHED BY REVIEW OF STANDARD SALARIES FOR SIMILAR POSITIONS IN THE USA MAINLAND.