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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

•	
Department of the	Transa
Internal Revenue S	ervice

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

Depar Intern	tment of al Reven	the Treasury ue Service ► Information about Form 990 and its instructions is at www.irs	.gov/form9	90.	Inspect	ion
A F	For the	2015 calendar year, or tax year beginning 07/01 , 2015, and ending	g	06/30	, 20 16	
B	Check if	applicable: C Name of organization HINDU TEMPLE LTD		D Employe	er identification nu	ımber
	Address	change Doing business as			47-0758522	
□ ^	Name ch	nange Number and street (or P.O. box if mail is not delivered to street address) Room/su	nte	E Telephon	e number	
J 1	nıtıal ret	um 13010 Arbor St		1	402-697-8546	
□ F	inal retu	m/terminated City or town, state or province, country, and ZIP or foreign postal code				
	Amende	d return Omaha, NE, 68144		G Gross re	ceipts \$	731,21
	Applicat	on pending F Name and address of principal officer. Murali Chintapalli	H(a) Is this	group return for s	ubordinates? 🔲 Yes	☑ No
	•	13010 Arbor St, Omaha, NE 68144	H(b) Are a	all subordinates	included? 🔲 Yes	☐ No
1 1	Гах-ехе	mpt status:			e instructions)	
	Nebsite		H(c) Gro	up exemption	number ►	
K F	om of	organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forma	tion: 199	4 M State	of legal domicile:	NE
	ırt I	Summary				
	1	Briefly describe the organization's mission or most significant activities: Religi	ous Worsh	ip services		
ا يو	•					
Activities & Governance		•••••••••••••••••••••••••••••••••••••••				
E	2	Check this box ▶☑ if the organization discontinued its operations or disposed	of more th	an 25% of	ts net assets.	
8	3	Number of voting members of the governing body (Part VI, line 1a)		1 - 1		1:
<u>ح</u>	4	Number of voting members of the governing body (Part VI, line 1b)				1:
Se	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	• • •	5		
§			• • •	6		10
E	7-	Total number of volunteers (estimate if necessary)		. 7a		10
•	7a			7b	·	
\dashv	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34	Prior		Current Y	
-	_					
9	8	Contributions and grants (Part VIII, line 1h)		568,833		507,64
5	9	Program service revenue (Part VIII, line 2g)				000.00
Pavence	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		25		206,63
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·········	14,926		5,82
\dashv	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		583,784		720,10
- 1	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,451		3,00
	14	Benefits paid to or for members (Part IX, column (A), line 4)				
g l	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		116,001		143,75
136	16a	Professional fundraising fees (Part IX, column (A), line 11e)				
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0				
iii	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		471,554		294,74
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		594,006		441,49
	19	Revenue less expenses. Subtract line 18 from line 12 PROPINED.		-10,222		278,61
8		(A)	Beginning of	Current Year	End of Ye	ar
fances	20	1 1 1 2 1		3,223,002		3,344,44
8	21	Total liabilities (Part X, line 26)		669,609		512,44
	22	Net assets or fund balances. Subtract line 21 from line 20		2,553,393		2,832,00
ر پرو	ri II	Signature Block	0 1			
Unc	der nen:	attes of person. I declare that I have examined this return, including accompanying schedules and state	ements and	o the best of i	ny knowledge and	d belief, it
true	o, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	er has any kn	owledge.		
			<u> S</u>			
Sig	n	Signature of officer \ \(\int \) \ \(\lambda \) \(\lamb		Date ,	1 .	
əiy Hei		1. A wait Che	1	11	01 2011	5
161		Murali Chintapalli, President Type or print name and title			- 	
			Date		PTIN	
a	id	Frintrype prepare a name Frequence a signature		Check celf-em	∐ tf	
>re	epare	er		self-em	pioyeu	
	e On			Firm's EIN 🕨		
		Firm's address ▶		Phone no		
May	y the I	RS discuss this return with the preparer shown above? (see instructions)	· · . · ·			s 🔲 No
					Fa	വവ വ

Form **990** (2015)

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	√	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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		√
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, Part III	5		>
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		>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		√
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
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	√	
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		√
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_	ļ	1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		/
ь	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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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		1
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		1

Form 99			F	age 4
Part	Checklist of Required Schedules (continued)		V	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No ✓
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		<u> </u>
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		√
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			*
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 through 24d and complete Schedule K. If "No," go to line 25a	23 24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		-
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 prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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 disqualified persons? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√ √
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	1	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	/
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		,
38	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.	38	1	
		For	m 990	(2015)

Form 99	_ `````		!	Page 5
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
10	Televitic much assessed dis Boson (Forest 1999 F. C. O. W. et al. Walter		Yes	No
1a 	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3	1	l	
b C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ł		ļ
·	reportable gaming (gambling) winnings to prize winners?	1c	1	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	16	-	├
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3		l	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	Ì
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
ь	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	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		ĺ	
	account)?	4a		_
b	If "Yes," enter the name of the foreign country: ▶	1		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	ļ	1	1
	(FBAR).			ł
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	↓ ✓
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>	<u> </u>	
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-	ļ	١,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a_	├	\ <u> </u>
		6b		
7	gifts were not tax deductible?	00	\vdash	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ļ	1	
	and services provided to the payor?	7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	T
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		1	
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	<u> </u>	↓ ✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	Ļ	!
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	├	↓ ✓_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1	-	-
_	sponsoring organization have excess business holdings at any time during the year?	8	├	┼
9	Sponsoring organizations maintaining donor advised funds.	00	1	-
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	 	┼
ь 10	Section 501(c)(7) organizations. Enter:	30	 	
а	Initiation fees and capital contributions included on Part VIII, line 12			1
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1	}	İ
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources]		1
	against amounts due or received from them.)]		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	 	
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			
_	the organization is licensed to issue qualified health plans	-		
C 14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+-	+_

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Form 99	90 (2015)			F	age 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O. S	ee ins	er z tructi	uri:" Oris.
Section	on A. Governing Body and Management		· · ·	•••	<u> </u>
Ocou	on 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 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.	1a 12			
ь 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?		2		√
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		√
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?	on's assets? elect or appoint	4 5 6		> > > > >
b	Are any governance decisions of the organization reserved to (or subject to approve stockholders, or persons other than the governing body?		7b		✓
8 a	Did the organization contemporaneously document the meetings held or written actions ur the year by the following: The governing body?	ndertaken during	8a	√ .	!
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann the organization's mailing address? If "Yes," provide the names and addresses in Schedule (ot be reached at	8b 9	✓	✓
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue C		
				Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?		10a 10b		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?	11a		1
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could gi		12a 12b		· •
C	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	policy? If "Yes,"	12c		
13 14 15	Did the organization have a written whistleblower policy?	and approval by	13	-	✓
a b	The organization's CEO, Executive Director, or top management official		15a 15b		1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sime with a taxable entity during the year?		16a	-	1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safeguard the	16b		
	on C. Disclosure	 			
17 18	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, available for public inspection. Indicate how you made these available. Check all that apply.		า 501(c)(3)s	only)
19	Describe in Schedule O whether (and if so, how) the organization made its governing docum financial statements available to the public during the tax year.	ents, conflict of int			y, and
20	State the name, address, and telephone number of the person who possesses the organizate Hindu Temple, (402)697-8546	on's books and re	cords	:▶	

Page	- 4

Form	990	(201	51

rom 890 (2015)										Page /
Part VII Compensation of Officers, Directors										
Charles and the Committee of the			٠٠٠.	227	!ine	in th	is F	Part VII		🗆
				- : -		<u> </u>		+ E	ees	
1a Complete this table for all persons required organization's tax year.									dar year ending	with or within the
Car in crain againment conjugation									* * *	· · · · · · · · · · · · · · · · · · ·
compensation. Enter -0- in columns (D), (E), and		-				-				
List all of the organization's current key em	ployees, if	any.	See	ins	truc	tions	for	definition of "k	ey employee."	1
				ر د آد کا مددا		7.06	<u>:</u>		's of more than	, ,
organization and any related organizations. • List all of the organization's former office										
• List all of the organization's former times										
• List all of the organization's former directorganization, more than \$10,000 of reportable or										
compensated employees; and former such person		J J.			,	0		J	J	p.0,000,g.1001
✓ Check this box if neither the organization nor		d ora:	aniz	atio	n co	ompe	nsa	ted any curren	t officer, director	. or trustee.
	Larry Tollato	<u> </u>		((<u>pu</u>				,
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per week (list any	office	ficer and		nd a director/		ee)	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	ng	<u>₽</u>	Key employee	em Hig	Form	the	organizations	compensation
	related organizations	lirec Hec	Ē	Cer	me	nest	를	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	학교	onal		ploy	# ဋ		(0. 2.1000 111100)		and related
	line)	l st	ş		66	pen	İ			organizations
	İ	•	8	ļ		Highest compensated employee				
						-				·
Muralı Chintapalli	5						ļ			
President				✓		ļ	_	0	. 0	0
Deepa Kashyap	5	Į								
Vice President				/	_		<u> </u>	0	0	0
Swarna Gopalakrishnan	5	ł		1	ŀ				ام	•
Treasurer Sundara Chokkara	5			-		<u> </u>	⊢	0	0	0
Secretary	 	1		1				o	أه	0
Yashaswini Kuriyavur	5		_	 			\vdash			
Asst Treasurer	† -	1		1		}	1	0	o	0
Gayathri Ramasubramanian	5									
Asst Secretary			<u> </u>	✓			ļ	0	0	0
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Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	/ees			lighe	st C	ompensated E	mployees (co	ntinue	ed)		
	(A) Name and title	title Average box, unless person is both an hours per officer and a director/trustee) compensation compens		(E) Reportable compensation for	ortable ation from		F) nated unt of							
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MIS		compe fron organ and r	ner nsatior i the ization elated zations	
		<u> </u>												
													<u> </u>	
		-						ļ				• • •		
											1			
		ļ	-									·=		<u> </u>
		 												
1b c	Sub-total	VII, Section	n A	•	· ·	•	· ·	>	0		0			0
<u>d</u>	Total (add lines 1b and 1c)		to th			ted	abov	e) w	/ho received m		<u>0</u> 0,000	of		0
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc	tor, o					emp	oloyee, or high	nest compens	ated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	porta	ble	con	npe	nsatio							
5	ndividual									zation or indiv	idual	5		√
24-	contractors								Ab ati.	Ab	<u> </u>	000 -4		
	Complete this table for your five highest compensation from the organization. Repyear.	compensati port compe	ea ine ensati	on fo	end or ti	he c	alend	lar y	year ending wi	ed more than th or within th	e org	anizatio	n's ta	ix
	(A) Name and business add	dress							(B) Description of s	services	((C) Compens	ation	
None														
2	Total number of independent contractor	ors (includi	ng bi	ut n	ot	lımi	ted t	o ti	hose listed ab	ove) who			_	
	received more than \$100,000 of compens								0					

Form **990** (2015)

Pari	VIII	Statement of Reve	nue						
		Check if Schedule O	contains	a res	ponse or note to	any line in this	Part VIII	<u> </u>	<u></u> <u> </u>
	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
तुर इ	1a	Federated campaigns	s	1a	0				
ira our	b	Membership dues .		1b	0				
A E	С	Fundraising events .		1c	0				
, Gift	d	Related organizations		1d	0				
E. E.	e	Government grants (con		1e	0				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, g		1					
	ļ	and similar amounts not inc			507,645	}		I	
od St	g	Noncash contributions include		•	0				
	h	Total. Add lines 1a-1	<u>f</u>	<u> </u>	▶	507,645		· · · - · · · · · · · · · · · · · · · ·	
Program Service Revenue					Business Code	}		:	
eVe	2a		·						
6	b								
Ž.	C								
တ္တ	d		·						
룓	e	All all an annual and a			l				
8	f g	All other program ser Total. Add lines 2a-2			•	0		- 	<u>. </u>
	3	Investment income	(including	dwid	ends interest	 -		· · · · · · · · · · · · · · · · · · ·	
	•	and other similar amo				17	0	0	17
	4	Income from investmen	•			· · · · · · · · · · · · · · · · · · ·	0	0	0
	5			•	·	0	0	0	0
		rioyanioo	oyalties <u></u>		(ii) Personal				<u> </u>
	6a	Gross rents	<u> </u>	0	0				
	b	Less: rental expenses		0	· · · · · · · · · · · · · · · · · · ·				
	С	Rental income or (loss)		0	 				
	d	Net rental income or	(loss) .		▶	0	0	o	0
	7a	Gross amount from sales of	(i) Securi	ties	(ii) Other		•		
		assets other than inventory		0	214,593		•		
	b	Less: cost or other basis							
		and sales expenses .		0	7,971				
	С	Gain or (loss)		0	206,622				
	d	Net gain or (loss) .		•	•	206,622	0	0	206,622
ennex	8a	Gross income from fuevents (not including \$		0					
Other Reven		of contributions reported See Part IV, line 18			0				
돌	b	Less: direct expenses	s	. b	0				
	С	Net income or (loss) f	rom fundra	aising	events . >	0		0	0
	9a	Gross income from ga							
	İ	See Part IV, line 19 .		· a	8,956				
	b	Less: direct expenses							
	C	Net income or (loss) f	_	_	ivities ▶	5,824	0	0	5,824
		Gross sales of in returns and allowance	es	· a	0				
	1	Less: cost of goods s							
	<u> </u>	Net income or (loss) 1		of inv		0	0	0	0
	<u> </u>	Miscellaneous F	sevenue		Business Code				
	11a								
	b								
	C	All other revenue			<u> </u>				ļ
	d	All other revenue .		-					
	12	Total. Add lines 11a-			💍	720.400			040.400
	12	Total revenue. See it	nstructions	j		720,108	0	0	212,463

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete all columns. Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (D) Fundraising 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 3.001 3,001 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members 0 O Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . O 0 90,549 0 0 7 Other salaries and wages 90.549 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 0 9 Other employee benefits 32,878 0 0 32,878 10 0 0 Payroll taxes 20,325 20.325 11 Fees for services (non-employees): Management 0 0 3,469 Legal 3,469 0 0 h 465 0 Accounting 465 0 Lobbying 0 d 0 0 0 0 0 Professional fundraising services. See Part IV, line 17 0 Investment management fees 0 0 0 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 0 0 0 0 0 12 Advertising and promotion o 0 0 11,568 0 13 Office expenses . . . 11,568 Information technology 14 252 252 0 0 0 0 15 Royalties 0 0 16 Occupancy 53,763 53,763 0 0 Travel 17 3,491 0 0 3,491 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 Conferences, conventions, and meetings . 0 0 0 19 0 20 26,661 26,661 0 0 21 Payments to affiliates 0 0 0 22 113,619 113,619 0 0 Depreciation, depletion, and amortization . 0 23 14,788 14,788 0 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.) 41,624 41,624 0 0 a Worship service expenses 0 0 b supplies 12,419 12,419 0 0 0 0 C c rents 0 0 12,625 d d repairs 12,625 All other expenses 0 0 0 0 Total functional expenses. Add lines 1 through 24e 441,032 465 0 25 441,497 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** (2015)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 Cash—non-interest-bearing 272.685 57,702 2 Savings and temporary cash investments 14,321 29.338 3 3 0 4 4 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0 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 Assets 0 A 0 9 Prepaid expenses and deferred charges 0 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 4.186.813 Less: accumulated depreciation 10b 3,143,008 10c 3.042.426 b 1,144,387 11 11 Investments—publicly traded securities 12 12 Investments-other securities. See Part IV, line 11 . . . 13 Investments—program-related. See Part IV, line 11... 13 14 Intangible assets 14 15 7,971 0 15 3,223,002 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 3,344,449 0 17 17 0 18 0 18 19 19 0 0 20 20 0 0 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 Loans and other payables to current and former officers, directors, 22 jabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 n 0 23 512,445 669,609 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . ol 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 0 25 669,609 26 512,445 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 0 0 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 2,832,004 32 Retained earnings, endowment, accumulated income, or other funds . 2,553,393 2,553,393 33 33 2,832,004 34 3,344,449 3,223,002 Total liabilities and net assets/fund balances

Page	1	2

	- (20, o)				90
Part	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		720	0,108
2	Total expenses (must equal Part IX, column (A), line 25)			44	1,497
3	Revenue less expenses. Subtract line 2 from line 1	3		278	<u>8,611</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,55	3,393
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	Ì			
		10		2,83	2,004
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	· <u>·</u> ··			Щ.
				Yes	No
1	Accounting method used to prepare the Form 990: ✓ Cash ☐ Accrual ☐ Other				I
	If the organization changed its method of accounting from a prior year or checked "Other," exp	ain in	1		
	Schedule O.		1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compi	iea or			i '
	reviewed on a separate basis, consolidated basis, or both:		İ	ľ	i .
_	Separate basis Consolidated basis Both consolidated and separate basis				ا ـ ـ ـ ا
þ	Were the organization's financial statements audited by an independent accountant?		2b		-
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a	1		
	separate basis, consolidated basis, or both:		1		i '
	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 over		-		
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, exp	iain in			
_	Schedule O.				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for the Single Audit Act and OMB Circular A-133?	orai in	2-		,
			3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	yo me dite	3b	1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	uits.		000	(0045)
			⊦оп	n yyU	(2015)

SCHEDULE A (Form 990 or 990-EZ)

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 200 u. Fu.... COD III.

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

2015

Name of the organization Employer identification number 47-0758522 HINDU TEMPLE LTD Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, container of character, a container of characteristics. 2 A school described in section 170(b)(1)(A)(ii). (Attach Schoolde E (Tonn 555 or 555 EE), 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). in the second of 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) An organization that normally received a substantial part of the support from a government of their the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) (۱۱۱) مندنو سندر برین کر بری The support from contributions, membership fees, and gross of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). of section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or characteristics of an outporting organization. You must complete Part IV, Sections A and B. 20...... of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) Chapter this bost if this organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization uv) is the organization | (v) Athount or thorietary (vi) Amount of (described on lines 1-9 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Part	(Complete only if you checked th	e box on line	e 5. 7. or 8 of	Part I or if th	e organizatio	n failed ใน ฉน	alify under
Cart	A Public Company					. , , 111')	
	on A. Public Support	1-) 0044	6-1 0010	(-) 0010	(-1) 2014	/-\ 001E	(0 Tatal
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					<u> </u>	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6_	Public support. Subtract line 5 from line 4.						
	on B. Total Support	·				·	
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4			ļ		ļ	ļ
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		s.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10				,		
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	ne organizatio	n's first, seco:	id, third, fourt	., cr fffti: tai:)	::::::::::::::::::::::::::::::::::::::	504(-)(2)
	organization, check this box and stop he	re				· · · ·	🕨 🗀
Sect	ion C. Computation of Public Suppor	rt Percentaç	<u>jč</u>				
• •						14	<u>%</u>
15	Public support percentage from 2014 Sch					15	%
16a	331/3% support test—2015. If the organic	zation did not	check the box	on line 13, an	a iine 14 is 33	'/3% or more, o	Check this
	box and stop in a Though in the						
b							
	check this box and stop here. The organ			A alcada a lea	40 44		
	Part VI how the organization meets the "forganization	acts-and-circ	umstances" te	st. The organiz	zation qualifies	as a publicly s	supported
t.	15 is 10% or more, and if the organization m	uon media in				on qualifies as	a publicly
18	supported organization	 id not check a	box on line 13	 3, 16a, 16b, 17	 a, or 17b, che		► [Isee
	instructions						🕨 🗀

Part	Support Schedule for Organiza	tions Desci	ibed in Sect	5. 565(-)(-)			
	(Complete only if you checked the	e box on line	e 9 of Part I o	r if the organi	zation failಕರ	to qualify und	
	. If the organization fails to quality	dar M. 5 4.5	-4- 6-4-4 5-1		ידובי? בזביקרי	II.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513				<u>-</u>		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000						
С	or 1% of the amount on line 13 for the year Add lines 7a and 7b						<u> </u>
8	Public support. (Subtract line 7c from line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether				-		
	or not the business is regularly carried on			L		l	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					ļ	
13	Total support. (Add lines 9, 10c, 11, and 12.)						
11	First five years. If the Form 990 is for the	P A	•	•	_		
-	on C. Computation of Public Suppor	t Percentar	1e				
15	Price		 				
16	Public support percentage for : 2000 500	· · · · · · · · · · · · · · · · · · ·		· .		. i	70
	on D. Computation of Investment In		_	-		1 11 2	
			(.)	.,	(i))	1/	<u>%</u>
13 19a	331/2% support tests—2015. If the organ 17 is not more than 351/2%, check this box	ization did no	t check the bo	x on line 14, a	nd line 15 is n	nore than 331/3	%, and line
b	331/8% support tests—2014. If the organiz	zation did not	check a box on	line 14 or line	19a, and line 1:	ວ ໄວ ຄືແຕ່ວັ ປີເພາ	المَّنَّ الْمُنْ الْمُنْ الْمُنْ الْمُنْ الْمُنْ الْمُنْ الْمُنْ الْمُنْ الْمُنْ الْمُنْ الْمُنْ الْمُنْ

Private Touridation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations			
]	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing 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		
Ь	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		;
c	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.	3с	•	
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 (if 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		
C	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 or 990-EZ).	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 in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	_	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) 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		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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		-

Part	W. Supporting Organizations (southern)			
rart	Supporting Organizations (continued)	-	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		162	140
··a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		1
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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			l
	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	- <u>-</u> -		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	}		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	-	-
Secti	on C. Type II Supporting Organizations			
			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	}	ŀ	
	or management of the supporting organization was vested in the same persons that controlled or managed		-	
	the supported organization(s).	1		<u> </u>
Secti	on D. All Type III Supporting Organizations		1.0	
			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, (i) a written notice describing the type and amount of support provided during the prior tax	1		ļ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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	i i		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		ļ	İ
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	-	1
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			İ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_	1	
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
;	Should the Land would to the mothed that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s):
а	☐ 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 in	struct	ions).
2	Activities Test. Answer (a) and (b) below		Yes	No
2	Activities Test. Answer (a) and (b) below.		1.03	+
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	ļ		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		İ
	how the organization was responsive to those supported organizations, and how the organization determined		İ	
	that these activities constituted substantially all of its activities.	2a	1	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		Γ	
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
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		1	1
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ļ	┼
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	=		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	1	1

Schedule A (Form 990 or 990-EZ) 2015			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Co.	, <u> </u>		
1	j tru:	st on Nov. 20, 1970. See	instructions. All
other Type III non-functionally integrated supporting organizations must co	mple	ete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
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			İ
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		
Section B - Minimum Asset Amount		(A) Prior 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	1.0		
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 Recoveries of prior-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 prior 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		
7 Check hold if the current year is the organization's first as a non-functional instructions.	ly-in	tegrated Type III support	ting organization (see

Part		Supporting Organia	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purp	nizations		
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		·	
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	n the organization is res	ponsive	
9	Distributable amount for 2015 from Section C, line 6			······································
10				
10	Line b amount divided by Line 9 amount		(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			·
3	Excess distributions carryover, if any, to 2015:		·	
a	Zioosa diambanina adii yaray ii adiyy ta za ii			
b				
С	1			
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years		<u></u>	· · · · · · · · · · · · · · · · · · ·
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		· · · · · · · · · · · · · · · · · ·	
4	Distributions for 2015 from Section			
	D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
U	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			
a	Dicardown of fine 7.			
b				
	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			
				· · · · · · · · · · · · · · · · · · ·

Part VI	Supplemental Information. Provide the explanations required by Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11b, Fait IV, Section E, lines 1c, 2a, 2b, 11a, 11b, 11b, 11c, 11c, 11c, 11c, 11c, 11c					
	nnes z, o, and o. Also complete this part for any additional information. (See instructions.)					
Schedule A	, Part II, Line 10 - No Government public support fund is received by the Hindu Temple in the five recent fiscal years.					

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047 20**15**

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.goviiormse0.

Open to Publi Inspection

ame of the organization		Employer identification number
INDU TEMPLE LTD	eministra e la companya e sua pre la companya de sus estas en la companya del companya de la companya de la companya de la companya del companya de la companya del la companya del la companya de la com	47-0758522
	vonur Auvisea Funds or Other	
Complete if the organization	inswered "Yes" on Form 990, Pa	
A Table 1 A 4 C	(a) Donor advised f	funds (b) Funds and other accounts
1 Total number at end of year		· · · · · · · · · · · · · · · · · · ·
2 Aggregate value of contributions to (du		
Aggregate value of grants from (during		
Aggregate value at end of year		
5 Did the organization inform all donors funds are the organization's property, s		
Did the organization inform all grantee only for charitable purposes and not for conferring impermissible private benefit	all and the second section of the section of the se	manually at the budy white property
Part II Conservation Easements.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Some of the State		:: "/ "ne 7.
י בי בי בי בי בי בי בי בי בי בי בי בי בי	wild by the organization (check all th	nat apply).
Preservation of land for public use	e g recreation or education) P	reservation of a historically important land area
Protection of natural habitat	♥ '	reservation of a certified historic structure
Preservation of open space		10001 Validit of a dolation trible to distance
	anization held a qualified conservation	on contribution in the form of a conservation
easement on the last day of the tax year		Held at the End of the Tax Ye
a Total number of conservation easemer		2a
b Total acreage restricted by conservation		
 Number of conservation easements on Number of conservation easements i 		
historic structure listed in the National	, , .	I
		uiched, or terminated by the organization during th
tax year ▶	annua, am aranga, arawata, antingt	aloned, or terminated by the organization during th
4 Number of states where property subje	ct to conservation easement is local	ted >
5 Does the organization have a writte	notice regarding the periodic man	onitoring inspection handling of
violations, and enforcement of the con-	and a second we have	· · · · · · · · · · · · · · · · · · ·
		and enforcing conservation easements during the year
Clair and volunteer riours devoted to morni	wing, inspecting, naturing or violations,	and childrening devices reason each indicate a sing the year
		and or foreing conservation easements during the yea
►\$	g, a specially, had all got violations,	and officing conton tanon sacomone coming the year
Does each conservation easement report	rted on line 2(d) above satisfy the re-	quirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?		
9 In Part XIII, describe how the organization		
halance sheet and include if applicab	a the text of the footnote to the con-	ໝັກຂໍ້ຜູ້ເວົ້າ ຈໍ ກາເພາວໄຜ່ ຈໍເຜັດກາຍກ່ວ ເກີດເ describes the
organization's accounting for conserva		
		illiar Accets
noiretine and it is a respiration	enswered "Ves" on Form 990 Pa	art IV, line 8.
1a. If the organization elected, as permitte	d under SEAS 116 (ASC 958), not t	to report in its revenue statement and balance sho
w.	a didei si As TTO (Aso 900), not t	
public co, promes, in a manning and		
		report in its revenue statement and balance at
works of art, historical treasures, or o	ther similar assets held for public	exhibition, education, or research in furtherance
		> \$
(ii) Assets included in Form 990, Part	. viii, iii i	• • • • • • • • • • • • • • • • • • • •
9 If the programme to the first terms and the first terms are the first terms and the first terms are the first terms and the first terms are the		· · · · · · · · · · · · · · · · · · ·
2 If the organization received or hold of following amounts required to be report	ted under SEAS 116 (ASC 958) relat	ling to these ileans
a Revenue included on Form 990, Part V		

Part	Organizations Maintaining Col	lections of fet,	**		<u> </u>		
3	Using the organization's acquisition, accelection items (check all that apply):		ecords, che	_		_	significant use of ns
	Could exhibition		2 D 550	. ;- ;;;;;	;;;;;;;;;;	ams	
b	☐ Scholarly research		e 🗌 Othe	er			
C	☐ Preservation for future generations						
4	Provide a decomption of the organization's XIII.			dia, fudici	:.: <u>.</u>		and the second second second second second second second second second second second second second second seco
5	During the year, did the organization solle						
	assets to be sold to raise funds rather than	n to be maintained	as part of th	ne organizati	on's col	lection?	☐ Yes ☐ No
<u>.</u> .	· · · · · · · · · · · · · · · · · · ·	inents.					
	Complete if the organization and 990, Part X, line 21.						
1a	Is the organization an agent, irusice, cus included on Form 990, Part X?						∪ Yes □ No
b	If "Yes," explain the arrangement in Part X	illi and complete th	e following	table:			
					-		mount
c	Beginning balance				1c		
đ	Additions during the year				1d	 	
e	Distributions during the year				1e		
f O-	Ending balance				1f	anne di chilit	2 D V DN-
2a	Did the organization include an amount or						
	Endowment Funds.	Chook nere if tr	e explanation	on has been	provide	d on Part Alli .	· · · · <u> </u>
	Complete if the organization ans	swered "Ves" on	Form 990	Part IV line	e 10		
) Pnor year	(c) Two year		(d) Three years bac	k (e) Four years back
1a	Beginning of year balance		· . <u> </u>	1			
b	Contributions			<u> </u>		<u></u>	
C	Net investment earnings, gains, and losses						
d	Grants or scholarships						
e	Other expenditures for facilities and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the c	urrent year end ba	anos (1:ns 1	g, column (c	.\\		
а	Board designated or quasi-endowment						
b	Permanent endowment ► 9	%					
C	Temporarily restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and 2c s						
3a	Are there endowment funds not in the po	ssession of the or	ganization tl	hat are held	and add	ministered for t	he
	organization by:						Yes No
	(i) unrelated organizations					. .	3a(i)
	• • • • • • • • • • • • • • • • • • • •						3a(ii)
ь	If "Yes" on line 3a(ii), are the related organ		•		·		3b
4	Describe in Part XIII the intended uses of		endewment	ttttt.			
Part	, , , , , , , , , , , , , , , , , , , ,		F 000	Dark N./ Bira	_ 44_ 1	0 F 000	David M. Cora 40
	Complete if the organization and				T		
	Description of property	(a) Cost or other ba	1	t or other basis (other)	de	Accumulated epreciation	(d) Book value
1a	Land		000	0	WALLES BALL SO		50,000
Ь	Buildings	3,904		0		938,147	2,966,609
C	Leasehold improvements		0	0	 	0	0
d	Equipment		0	0	 	0	0
e	Other	232		0		206,240	25,817
i otal.	Add lines 1a through 1e. (Column (d) must	°equai ⊦orm 990. F	aπ X, colun	าก (<i>ʁ</i>), line 10	uc.j	- 1	3,042,426

	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
-	derivatives		
	neld equity interests		
Other			
(A)	·····		
(B)	·		
(C)			
(D) (E)			
(F)	•		
(G)			
(H)			
tal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
art VIII	Investments – Program Related.		
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11c. See Form 990, Part X, line 1
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
t)			
2)		<u> </u>	
3)			
<u>l)</u>			
5)			
S)			
7) 3)			
")		1.	
(9)	b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.		
9) Ital. (Column (Part IX		m 990, Part IV, line	11d. See Form 990, Part X, line 1
9) tal. <i>(Column (</i> Part IX	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, line	
e) tal. (Column (Part IX 1)	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, line	
9) tal. (Column (Part IX 1) 2)	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, line	
9) tal. (Column (Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, line	
e) Part IX Part IX 1) 2) 4)	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, line	
e) Part IX Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, line	
2) 2) 2) 2) 2) 2) 3) 4) 5) 7)	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, line	
2) 2) 2) 2) 2) 3) 4) 5) 7) 3)	Other Assets. Complete if the organization answered "Yes" on Formula (a) Description	m 990, Part IV, line	
9) tal. (Column (Part IX 11) 22) 33) 44) 55) 66) 77) 88) 99) otal. (Column (Other Assets. Complete if the organization answered "Yes" on Form (a) Description (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.)	m 990, Part IV, line	
9) htal. (Column (Part IX 1) 2) 3) 4) 5) 6) 77 8) 9) otal. (Colu	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form		(b) Book value
9) tal. (Column (Part IX 1) 2) 33) 44) 55) 66) 77) 8) 9) otal. (Column (Part X	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		(b) Book value
e) tal. (Column (Part IX 1) 2) 3) 4) 5) 6) 7) 3) obtal. (Colu	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 195.		(b) Book value
Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 25. (a) Description of liability (b) Book value		(b) Book value
e) tal. (Column (Part IX 1) 2) 3) 4) 5) 6) 7) 9) otal. (Column (Part X 1) Federal (2)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 25. (a) Description of liability (b) Book value		(b) Book value
Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 25. (a) Description of liability (b) Book value		(b) Book value
a) cart IX	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 25. (a) Description of liability (b) Book value		(b) Book value
e) tal. (Column (Part IX 1) 2) 3) 4) 5) 5) 6) Otal. (Column (Part X 1) Federal II 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 25. (a) Description of liability (b) Book value		(b) Book value
2) 2) 2) 2) 3) 4) 5) 6) 7) 2) 3) 4) 6) 6) 7) 6) 7) 6) 7) 6) 7) 7) 7)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 25. (a) Description of liability (b) Book value		(b) Book value
9) ptal. (Column (Part IX) 1) 2) 3) 4) 5) 6) 77) 8) 9) otal. (Column (Part X) 1) Federal (1) 2) 3) 4) 5) 6) 77) 8)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 25. (a) Description of liability (b) Book value		(b) Book value
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Part		CITO 1101 p	F	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	7	
C	Recoveries of prior year grants	2c	7	
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, Part VIII, line 12, but not on line 1:		1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIII.)	4b	J l	
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part	XII Reconciliation of Expenses per Audited Financial Stater		er Return.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	
a	Donated services and use of facilities	2a	4 1	
b	Prior year adjustments	2b	-	
C	Other losses	2c	-	
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e 3	
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:	· · · · · · · · · · · · · · · · · · ·		
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1	
a b	Other (Describe in Part XIII.)		-	
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lii			
	XIII Supplemental Information.			
• • • • •	XIII Supplemental Information.	nd 4; Part IV, lines 1b and 2	b; Part V, line	4; Part X, line
2; Par	رَّمَ، انْسَعَهُ كَانَّ عَسَنَ طَلَى عَسَنَ Pari XII, lines 2d and 4b. Also complete this par	t to provide any additional i	nformation.	
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Department of the Treasury Internal Revenue Service

Name of the organization

## Liquidation, Termination, Dissolution, or Significant Disposition of Assets

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

▶ Attach certified copies of any articles of dissolution, resolutions, or plans.

▶ Attach to Form 990 or 990-EZ.

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

2015
Open to Public Inspection

OMB No 1545-0047

Employer identification number

Part 1 Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36.

Part 1 can be duplicated if additional space is needed.

1 (a) Description of asset(s) (b) Date of distributed or transaction expenses paid

(b) Date of distributed or transaction expenses

(c) Fair market value of asset(s) distributed or amount of transaction expenses

(c) Fair market value of determining FMV for asset(s) distributed or transaction expenses

(d) Method of determining FMV for asset(s) distributed or transaction expenses

(e) EIN of recipient (f) Name and address of recipient tax-exempt) or type of entity

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:			<b>養婦</b>
а	Become a director or trustee of a successor or transferee organization?	2a		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		1
	Become a direct or indirect owner of a successor or transferee organization?	2c		
	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		
•	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III			

Schedu	le N (Form 990 or 990-EZ) (2015)							P	age 2
Part	Liquidation, Termination,	or Dissolution	(continued)						
	Note. If the organization distribut (Total liabilities), should equal -0	ed all of its as	sets dunng the tax	year, then Form 990	, Part X, column (E	s), line 16 (Total assets), and line	26	Yes	No
3	Did the organization distribute its as	sets in accorda	nce with its governing	instrument(s)? If "No.	" describe in Part III		. 3		
4a	Is the organization required to notify	the attorney ge	neral or other approp	nate state official of it	s intent to dissolve, li	quidate, or terminate?	. 4a		
b	If "Yes," did the organization provid						. 4b		
5	Did the organization discharge or pa	ay all of its liabili	ties in accordance wit	h state laws?		<i></i>	. 5		
6a	Did the organization have any tax-e								
b	If "Yes" to line 6a, did the organization dis						s? 66b		
	If "Yes" on line 6b, describe in Part	III how the organ	nization defeased or o	therwise settled these	liabilities !f "No" co	Book of State of Control			
Part	Sale, Exchange, Dispositi "Yes" on Form 990, Part IV	<b>on, or Other T</b> , line 32, or Fo	ransfer of More Th m 990-EZ, line 36.	nan 25% of the Org Part II can be duplic	ganization's Associated if additional s	space is needed.			
1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	tax-exem	ent(s) (if	
Temp	and that was gifted to the Hindu le in 2007 by a Temple devotee This	02/16/2016	214,593	Seller's closing statement		Midwest Banc Holding Co			
							!		
			<u> </u>	<b></b>					
				:					
2	Did or will any officer, director, trust				<del> </del>				No
а	Become a director or trustee of a si						. 2a	<u> </u>	<b>-</b>
b	Become an employee of, or indepe						. 26	+-	1
C	Become a direct or indirect owner of						. 2c	<b>├</b>	1
d	Receive, or become entitled to, con						. <u>2d</u>	Ь.	<u></u>
е	If the organization answered "Yes"	to any of the que	estions on lines 2a thr	ough 2d, provide the	name of the person i				

Schedule N (F	orm 990 or 990-EZ) (2015) Page 3
Part III	Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.
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#### **SCHEDULE 0** (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

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Department of the Transmy Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Inspection

Name of the organization	Employer identification number
HINDU TEMPLE LTD	47-0758522
Form 990, Part VI, Section B, Line 11b - The return is reviewed by responsible fina	
chair.	
***************************************	,
Form 990, Part VI, Section C, Line 19 - The return(s) are reviewed by responsible	volunteer members of the Finance committee including
the Treasurer & the Finance committee Chairperson.	
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