Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. (100) ○ Open to Public

Depa Inter	artment of the nat Revenue	he Treasury e Service	▶ Go to	www.irs.go	v/Form990 for inst	ructions	and th	ne latest	infor	mation. /		Inspec	tion		
Ā			ndar year, or tax year		07/01			nd endi	-	06/3	0	, 20 18			
В	Check if a	pplicable	C Name of organization	HINDU TEM	PLE LTD					D	Employ	er identification n	umber		
	Address c	hange	Doing business as									47-0758522			
	Name cha	nge	Number and street (or P	O box if mai	I is not delivered to stre	eet address	s)	Room/s	uite	E	Telepho	ne number			
	Initial retur	rn	13010 Arbor St									402-697-8546			
	Final return	/terminated	City or town, state or pr	ovince, count	y, and ZIP or foreign p	ostal code									
	Amended	return	Omaha, NE, 68144	G	Gross re	eceipts \$	811,303								
	Application pending F Name and address of principal officer Venkipuram Ramakrishnan H(a) is this a gr											subordinates? Tes			
			13010 Arbor St, Oma	ha, NE 6814	4			M				s ıncluded? 🔲 Yes	i 🗌 No		
二	Tax-exem	pt status	✓ 501(c)(3)	501(c) () ◀ (insert no)	4947(a)((1) or	□ 52 7 ′	\mathfrak{D}	"No," attach	a list (s	ee instructions)			
J	Website:		w.htom.org			1			Н	(c) Group ex	emption	number >			
		ganization [Corporation Trust	Associati	on ☐ Other ►		L Yea	ar of forma	ation	1994	M State	of legal domicile	ŊE		
, P	art I	Summ		· · · ·		\									
5	1 6	Briefly de	scribe the organizati	on's missio	on or most signific	ant activ	vities.	Relig	ious v	vorship se	rvices				
) Se	_														
Z E															
~ §~	1		is box ▶☐ if the org					sposed	of mo	ore than 2	1	its net assets			
<u>₹</u> 8	1		of voting members o	-							3		12		
S w 8	1		of independent votin	_	-) .		4		12		
J i	1		nber of individuals er		-	7 (Part V	V, line	2a)	•		5		4		
Activities			nber of volunteers (e		• •			•		<u> </u>	6		100		
Ž			elated business reve				2	J.D.F	CF	VED	74		0		
<u> </u>	b	Net unrel	ated business taxab	le income f	rom Form 990-1,	line 34	↓ ÷	-۱۱۱			꺯	2	0		
		_					ဖြ			Pnor Year	-1	Current Y			
, e	l .		tions and grants (Par				191	· JA	N 2	2 2019 ₅	<u>54,858</u>		793,375		
Revenue	l .	-	service revenue (Par				-19				<u> </u>		0		
Re	L		nt income (Part VIII,				:1 ·	 OG	DE	N. UT	21		8,116		
			renue (Part VIII, colur								10,432		6,607		
_			enue-add lines 8 thre				(A), Iir	ne 12)		5	<u>65,317</u>		808,098		
			nd similar amounts p			-		• •			0		2,830		
	1	-	paid to or for member	-							0		404.470		
ses	1		other compensation, e		,		unes	5-10)		1	91,032	-	161,470		
Expenses	1		onal fundraising fees	•	• • •	•			26.52.57.54	4 . 4 . (34, 14%)	۱۰, پريد .	(1) (1) (2) (2) (1)	, , , ,		
Ä	1		draising expenses (P					0	13% 2			(2) (13 - 2 M	470 700		
			penses (Part IX, colu enses. Add lines 13-					· ·			53,258		476,789		
			less expenses. Subt	•	•			, ·	<u> </u>	· · · · · · · · · · · · · · · · · · ·	44,290		641,089		
	1	nevenue	less expenses. Subj	iact line ic	onomine 12 .	<u>· · · · · · · · · · · · · · · · · · · </u>	<u>· · · </u>	<u> </u>	Begin	ning of Curre	21,027 ent Year	End of Yo	167,009 ear		
sts o	20	Total ass	ets (Part X, line 16)						ٺ		30,786	<u> </u>	4,716,582		
Ass	21		ulities (Part X, line 26	٠			• •	• •			77, 7 55		1,596,542		
Net Assets or Fund Balances	22		ts or fund balances.	•	 ne 21 from line 20						53,031		3,120,040		
	art II		ture Block						<u> </u>		00,001		<u> </u>		
			ry, I declare that I have ex	amined this re	turn, including accomi	panying sc	hedule	s and stat	ements	s, and to the	best of	my knowledge and	d belief, it is		
tru	e, correct,	and compl	lete Declaration of prepare	er (other than o	officer) is based on all i	nformation	of whi	ch prepar	er has	any knowled	ge				
		N	12mm/m	<u> </u>		••					01	/12/19			
Si	gn	Signa	ature of officer							Date		110117			
He	re	Srii	nivas Mallıpudi, Presi	dent											
_			or print name and title												
Pa	id	Print/Ty	pe preparer's name		Preparer's signature				Date		Check	PTIN			
	eparer	. <u>L</u>									self-em	_			
	eparer se Only		name >							Firm's	EIN ►				
			ıddress ▶							Phone					
Ma	y the IR	S discus	s this return with the	preparer s	hown above? (see	nstruc	tions)	<u> </u>	<u> </u>			🗌 Ye	s 🗌 No		
East	Pananu	ork Body	ction Act Notice, see	the consent	_ !			0-4	No. 11	0001		C	990 (2017)		

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Part	III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
•	The Hindu Temple has its devotees follow the religion of Hinduism which is monotheistic and believes that God manifests himself
	or herself in several forms. The religion also known as Sanathan Dharma (eternal way of life) has evolved through thousands of
	years. It is a way of life and embodies eternal, moral values of universal principles all aiming at an essential spiritual unity of
2	(Continued on Schedule 0, Statement 2) Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 641,089 including grants of \$ 2,830) (Revenue \$ 793,375)
	The Hindu Temple has its devotees follow the religion of Hinduism which is monotheistic and believes that God manifests himself
	or herself in several forms. The religion also known as Sanathan Dharma (eternal way of life) has evolved through thousands of
	years. It is a way of life and embodies eternal, moral values of universal principles all aiming at an essential spiritual unity of
	mankind. There are several different services that the Temple offers the community including those for the youth and children. It
	has enjoyed a great deal of interaction with other religious traditions in the community. The Temple plays an active role in the Tri
	Faith community organization. It is also involved in many different community service projects including health fairs, supporting
	other charitable organizations. It also promotes an active program of Tours of the Temple for many community groups in a 5 state
	circle and multiple school students as part of their religious education.
	······
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	·····
	······
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ (Line of the control of the contro
	······
4d	Other program services (Describe in Schedule O.)
4-	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ► 641,089

Form 99	0 (2017)		F	Page 3
Part	V Checklist of Required Schedules			
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	Yes	No
`2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
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		1
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	1	
b	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		1
С	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	✓_
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 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		√
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		√
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		√
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.			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		√
	If "Yes," complete Schedule G, Part III	19	L	

	0 (2017)			Page 4
Part	Checklist of Required Schedules (continued)		Yes	No
20 2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	163	1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-` -
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		1
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.	23		1
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	24a		1
	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 24c		
	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		1
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		1
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 A family member of 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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	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		1
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		✓
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,			
38	Part VI	37		-
55	19° Note. All Form 990 filers are required to complete Schedule O.	38	1	}

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	. <u> </u> No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6		103	110
Ъ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Ė	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
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	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	}		_
_	account)?	4a	<u> </u>	/
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
E.				اـــــــا
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	56	-	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	UZ.		<u> </u>
	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		 ,
•	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
а	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:			
а	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	1		1 (
11	Section 501(c)(12) organizations. Enter.	1		
а	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources			i
	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		<u> </u>
ь 10	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.	15	 	ļ [!]
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	$\vdash \vdash$	
ь	Note. See the instructions for additional information the organization must report on Schedule O. 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			l i
С	Enter the amount of reserves on hand			
14a	Did the experience recovery of the latest th	14a	$\vdash \vdash \vdash$	/
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	\vdash	├- <u>▼</u>

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ions.					
Secti	Check if Schedule O contains a response or note to any line in this Part VI	• •	<u></u> -	. 🗸					
<u> </u>	on a good 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.								
b 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 relationship with any other officer, director, trustee, or key employee?			1					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		<u>/</u>					
4 5 6 7a	 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
a b 9	The governing body?	8a 8b	√						
Secti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue								
			Yes	No					
10a b	Did the organization have local chapters, branches, or affiliates?	10a		√					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓					
ь 12а	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	40-							
ıza b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		-					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c							
13	Did the organization have a written whistleblower policy?	13	-	1					
14 15	Did the organization have a written document retention and destruction policy?	14		√					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			اا					
a b	The organization's CEO, Executive Director, or top management official	15a 15b		1					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		-					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a							
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)					
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration financial statements available to the public during the tax year.	erest (oolicy	/, and					
20	State the name, address, and telephone number of the person who possesses the organization's books and red Hindu Temple, (402)697-8546	cords.	>						

Page	7
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Form		

Part VII	Compensation of	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	and
•	Independent Co	ntractors							

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order, individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees, and former such persons.

Check this box if neither the organization not	r any relate	d orga	anız			ompe	nsa	ted any currer	t officer, director	, or trustee.
				(0						
(A)	(B)	,,,,			sition k more than one			(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, office	unles er and	s pe dad	rson	is both or/trust	an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Srınivasrao Mallipudı President	10 0			√				0	0	0
Venkatesh Bettadapura	5									
Vice President	0			✓				0	0	0
Gopi Gopalakrishnan Treasurer	15 0			1				0	0	0
Gayathrı Ram	5									
Secretary	0			✓				0	0	0
Marudaraj Jivraj	5								_	
Asst Treasurer	0			✓			<u></u>	0	0	0
Lakshmı Pıllai	5									
Asst Secretary	0	<u> </u>	ļ	✓		ļ		0	0	0
,										

w oi		(B) Average hours per week (list any hours for related organizations below dotted line)	box office individual	Position not check more than o , unless person is both cer and a director/truste Minimum Minimum Minimum Company Comp			is both or/trust	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fro related organizations (W-2/1099-MISG		Esti amo o comp froi orgai and	(F) mated punt of ther ensation the nization related ization	1
									:					
									:					
													,	•
											_			
1b	Sub-total		٠	•	•		•	•	0		0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)							>	0		0			0
2	Total number of individuals (including bu reportable compensation from the organ	t not limited					above	e) w	ho received m	ore than \$100	,000	of		
													Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc S <i>chedule J</i>	tor, c	or tr uch	uste <i>ındı</i>	ee, ıvıdı	key e Jal	emp	oloyee, or high 	iest compens	ated	3		1
4	For any individual listed on line 1a, is the organization and related organizations													
	ındıvidual						•					4		1
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or indivi	dual	5		
Secti	on B. Independent Contractors											1		
1	Complete this table for your five highest compensation from the organization. Rej year.													ax
	(A) Name and business add	fress					_		(B) Description of s	ervices		(C) compens	ation	
F&B	Constructors Inc, 4344 South 87th St, Omaha	, NE 68127						со	ncrete construc	tion of Sai			43	0,164
		· · · ·					<u>-</u>	-						.
	Total number of independent contracts	ro (moludi			-	limoit			ann lintad ab					

received more than \$100,000 of compensation from the organization ▶

Form **990** (2017)

Form 9	990 (201	7)						Page 9
Part	VIII	Statement of Reve						
	,	Check if Schedule O	contains a res	ponse or note to	any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
enue Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (con- All other contributions, gi and similar amounts not incl Noncash contributions includ Total. Add lines 1a-16	tributions) ts, grants, luded above tf feet in lines 1a-1f: \$	0 0 0 0 0 793,375 0	793,375	10.0100		,
Program Service Revenue	b c d e f	All other program sen	vice revenue .		0	0	0	0
	3 4 5 6a	Gross rents	unts)	•	1,071 0 0	0 0	0 0	1,071 0 0
	b c d 7a b	Less rental expenses Hental income or (loss) Net rental income or (Gross amount from sales of assets other than inventory Less' cost or other basis	0 (i) Securities 7,488	(ii) Uther				
e	c d	and sales expenses Gain or (loss) Net gain or (loss) . Gross income from fu	7,045	0 0 ▶	7,045	0	0	7,045
Other Revenue		events (not including \$ of contributions reported See Part IV, line 18	0 ed on line 1c).		,			
	9a b	Less. direct expenses	iming activities. · · · · a s · · · b	9,369 2,762	777		3-4-1	,
		Net income or (loss) fi Gross sales of in returns and allowance	ventory, less		6,607		0	6,607
	С	Less: cost of goods s Net income or (loss) fi Miscellaneous R	rom sales of inv					
	11a b c d	All other revenue .						
	e 12	Total. Add lines 11a- Total revenue. See in			0 808,098	0	0	14,723

Part IX 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							
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,830	2,830				
2	Grants and other assistance to domestic 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						
4 5	Benefits paid to or for members Compensation of current officers, directors, 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)						
7 8	Other salaries and wages	115,955	115,955				
9	Other employee benefits	20,012	20,012				
10	Payroll taxes	25,503	25,503				
11	Fees for services (non-employees):						
а	Management						
Ь	Legal						
C	Accounting						
d	Lobbying						
e	Professional fundraising services. See Part IV, line 17						
f g	Investment management fees						
12	Advertising and promotion		-		· · · · · · · · · · · · · · · · · · ·		
13	Office expenses	12,341	12,341				
14	Information technology						
15	Royalties						
16	Occupancy	75,593	75,593				
17	Travel	7,535	7,535				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings .						
20	Interest	17,570	17,570				
21	Payments to affiliates	447.440	447.440				
22 23	Depreciation, depletion, and amortization . Insurance	117,412	117,412 14,287		·		
24	Other expenses. Itemize expenses not covered	14,207	14,207				
24	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.)						
а	worship service	54,010	54,010	0	0		
b	supplies	24.542	64,548	0	0		
С	rents	11,135	11,135	0	0		
d	repairs and misc	102,358	102,358	0	0		
е	All other expenses	0	0				
<u> 25</u>	Total functional expenses. Add lines 1 through 24e	641,089	641,089	0	0		
26	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 (2017)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 224,363 113,043 2 Savings and temporary cash investments 38,367 289,723 2 3 0 3 4 0 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 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 6 0 7 0 8 Inventories for sale or use 0 Prepaid expenses and deferred charges . . 9 0 9 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a 5,685,861 10c 10b 2,968,056 4,313,816 **b** Less. accumulated depreciation 1,372,045 11 0 11 12 Investments—other securities. See Part IV, line 11 12 0 13 Investments—program-related. See Part IV, line 11 . . . 13 0 14 14 0 15 15 0 4,716,582 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 3,230,786 17 0 17 0 18 0 18 0 0 19 19 0 20 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 0 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 22 0 23 23 Secured mortgages and notes payable to unrelated third parties . . . 277,755 1,596,542 24 24 Unsecured notes and loans payable to unrelated third parties . . . 0 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 277,755 1,596,542 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 Temporarily restricted net assets . 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 0 0 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 0 32 Retained earnings, endowment, accumulated income, or other funds. 32 2,953,031 3,120,040 33 33 2.953.031 3.120.040 Total liabilities and net assets/fund balances . . . 34 3,230,786 4,716,582

_	4	
Page	ı	4

	· · ·		<u>·</u>	aye ız
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)		80	08,098
.2	Total expenses (must equal Part IX, column (A), line 25)		64	41,089
3	Revenue less expenses. Subtract line 2 from line 1		10	67,009
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		2,9	53,031
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	<u> </u>	3,17	20,040
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u> .	 –	\Box
			Yes	No
1	Accounting method used to prepare the Form 990. 🖸 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain	ın		
	Schedule O.		_	لبا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		a	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or	- }	1
	reviewed on a separate basis, consolidated basis, or both		- [
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	-	_	البرا.
b	Were the organization's financial statements audited by an independent accountant?	. 21	- -	↓ ✓.,
	If "Yes," check a box below to indicate whether the financial statements for the year were audited or separate basis, consolidated basis, or both.	ıa	1	
	·			•
_	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign.		- ^``	لــــــا
С	of the audit, review, or compilation of its financial statements and selection of an independent accountant		_	
	If the organization changed either its oversight process or selection process during the tax year, explain		<u></u>	+
	Schedule O.	'"'	72	1.
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	ın 🗀	_	
	the Single Audit Act and OMB Circular A-133?	. 3	a	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo t	the		1 -
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	. 31	o	
		F	orm 99 0	0 (2017)

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 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

		TEMPLE LTD						47-07	58522
Pa	rt I	Reason for	Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
he	org	anization is not a	private founda	ition because it is	s (For lines 1 through	12, chec	k only or	ne box.)	
1	\checkmark	A church, conve	ntion of churc	hes, or association	on of churches descri	bed in se	ction 17	0(b)(1)(A)(i).	\triangle
2		A school describ	ed in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E2	Z).)	(/)
3		•	-	-	janization described i				V 1
4		-	-	-	onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)	(iii). Enter the
		hospital's name,	•						
5		An organization section 170(b)(1			college or university	owned o	r operate	ed by a government	tal unit described in
6 7	-	An organization	that normally		mental unit described tantial part of its sup e Part II.)				n the general public
8		A community tru	st described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	_	An agricultural re	esearch organ	zation described	d in section 170(b)(1) iculture (see instruction	(A)(ix) op	erated in r the nam	conjunction with a line, city, and state of	land-grant college f the college or
10		receipts from ac support from gro acquired by the	tivities related oss investment organization a	to its exempt fui t income and uni fter June 30, 197	e than 331,5% of its sunctions—subject to crelated business taxal	ertain exc ble incom i)(2). (Cor	eptions, le (less se nplete Pa	and (2) no more tha ection 511 tax) from art III.)	in 331/3% of its
11		An organization	organized and	l operated exclus	sively to test for public	c safety. S	See sect i	on 509(a)(4).	
12		of one or more	publicly suppo	orted organization	ively for the benefit on the described in secti scribes the type of sup	on 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
•	a	the supporte	d organization	(s) the power to	, supervised, or contr regularly appoint or e ete Part IV, Sections	lect a ma	jority of t		
l	b	control or ma	anagement of	the supporting o	ed or controlled in co rganization vested in V, Sections A and C.	the same			
(•				ting organization oper ns). You must comp l				ally integrated with,
(d	that is not fu	nctionally integ	grated. The orga	pporting organization nization generally mu: omplete Part IV, Sec	st satisfy	a distribu	ition requirement ar	
•	€				a written determination				e II, Type III
1	f l	Enter the number	of supported o	organizations .					
_ (g_ 1	Provide the follow	ing information	n about the supp	orted organization(s).				
	(1)) Name of supported or	ganization	(iı) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the o listed in you docur	ir governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
A)									
B)									
C)									
D)				-					
E)									

_/	
Hage	4

Part	Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1	I)(A)(iv) and	170(b)(1)(A)(v	i)
	(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 unde	er the tests lis	sted below, p	leas <u>e compl</u>	ete Part III.)	
Section	on A. Public Support				-		
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and]				ļ
	membership fees received. (Do not		i				
	include any "unusual grants.")				ļ		
2	Tax revenues levied for the			İ			Į
	organization's benefit and either paid to or expended on its behalf						
•	·				//	ļ	
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge			1		ì	
4	Total. Add lines 1 through 3		 -	 	<u></u>		
	·	-		/			
5	The portion of total contributions by each person (other than a		İ	/			
	governmental unit or publicly			/			
	supported organization) included on			/			
	line 1 that exceeds 2% of the amount			/			
	shown on line 11, column (f)			<u> </u>		<u> </u>	
6	Public support. Subtract line 5 from line 4				<u> </u>	<u> </u>	
	on B. Total Support			<u> </u>			
	dar year (or fiscal year beginning in)	(a) 2013	(b) ,2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from		ľ			l	ļ
	similar sources						
9	Net income from unrelated business				 	 	
•	activities, whether or not the business					1	
	is regularly carried on		1	Ì	1		
10	Other income. Do not include gain or					<u> </u>	
	loss from the sale of capital assets,						İ
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10			<u></u>			
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	ne organization	n's first, secon	id, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
Cook	organization, check this box and stop he			· · · ·			· · · <u>•</u>
Secti	on C. Computation of Public Support Public support percentage for 2017 (line to			11 poly (0)		144	
15	Public support percentage from 2016 Sch					14	%
16a	331/3% support test—2017. If the organi						
	box and stop here. The organization qua						• 🗆
b	331/3% support test - 2016. If the organi						
	this box and stop here. The organization						▶ 🗆
17a	10%-facts-and-circumstances test-2	017. If the ora	anization did r	not check a bo	ox on line 13.	l6a, or 16b. an	d line 14 is
	10% or more, and if the organization me	eets the "facts	-and-circumst	ances" test, c	heck this box	and stop here	. Explain in
	Part VI how/the organization meets the "						
	organization						🕨 🔲
b	10%-facts-and-circumstances test —2						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization r				-	ion qualifies as	a publicly
40	supported organization				471		. , ▶ 🗀
18	Private foundation. If the organization di						
/	instructions	· · · ·	· · · · ·				
					Sc	hedule A (Form 99	0 or 990-EZ) 2017

				*			 -/
Part	II Support Schedule for Organiza						
	· (Complete only if you checked th						nder Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part	11.)	
Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	/ (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					<u>/</u>	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
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						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .			/]	
ь	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						
С	Add lines 7a and 7b						<u> </u>
8	Public support. (Subtract line 7c from					1	
	line 6.)		<i>]</i> /				
Secti	on B. Total Support	/		7		•	<u> </u>
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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,	7					
	section 511 taxes) from businesses					1	
	acquired after June 30, 1975 /	1					1
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						<i>'</i>
	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.) /						
13	Total support. (Add/lines 9, 10c, 11,						
	and 12.)				1		
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secor	nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he	re					▶ □
Secti	on C. Computation of Public Suppo	rt Percentag	je				
15	Public support percentage for 2017 (line	8, column (f) d	livided by line	13, column (f))		15	%
16	Public support percentage from 2016 Sc					16	%
Sect	ion D. Computation of Investment In	come Perce	entage				
17	Investment income percentage for 2017			•			%
18	Investment income percentage from 201					18	%
19a	331/3% support tests - 2017. If the organ						
	17 is not more than 331/3%, check this box	and stop here	. The organizat	ion qualifies as	a publicly supp	orted organiza	tion . ▶ 🗌
b	331/3% support tests—2016. If the organi						
1	line 18 is not more than 3318%, check this		=				
20	Private foundation If the organization d	id not chock a	boy on line 1/	1 100 or 10b	chack this has	and see instri	ictions -

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

760 III	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			
0-	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2		
3a	(b) and (c) below.			
L	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Sa		
b	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)	<u> </u>		
	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 12a or 12b 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	ļ. <u></u>		
	despite being controlled or supervised by or in connection with its supported organizations	4b		<u> </u>
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,		l	
	(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		Ĺ
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		ļ <u></u>	ļ
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6_		ļ
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?			
5	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			
70	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		
ь	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.	9с		
10a	, ,			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	<u> </u>	.	
	supporting organizations)? If "Yes," answer 10b below.	10a	<u> </u>	↓ —
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		·	

Part	Supporting Organizations (continued)			
	•		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)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	<u> </u>	
	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	<u></u>	
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			ł
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the]		ĺ
	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,			Ι.
	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		<u> </u>
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 carried out the purposes of the supported organization(s) that operated,			:
	supervised, or controlled the supporting organization			
Sacti	on C. Type II Supporting Organizations	2		
Secu	on C. Type it Supporting Organizations			
1	Wars a majority of the evergence to all a divestors as tweeters divine the territorial and the divine		Yes	No
•	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		
Secti	on D. All Type III Supporting Organizations		L	Ĺ
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ĺ '
	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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			1
	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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	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.			
С	☐ 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
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.			
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
~	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	ŀ		į į
	activities but for the organization's involvement.			لـــــا
3	Parent of Supported Organizations. Answer (a) and (b) below.	20	\vdash	
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		نـ ـــ ا
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1	trus	st on Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	ızatı	ions must complete Section	ons 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		<u> </u>
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	<u> </u>	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets field for part of year).	.,,	<u> </u>	
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 factors (explain in detail in Part VI):			4 di ,
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		1 1	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y in	tegrated Type III supporti	ng organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year			
1							
、2	. 2 Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
4	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 whic	h the organization is res	sponsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2017 from Section C, line 6						
10_	Line 8 amount divided by line 9 amount		<i>(**</i>)	/***\			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017						
	(reasonable cause required—explain in Part VI). See		ı				
	instructions.						
3	Excess distributions carryover, if any, to 2017						
a				ĺ			
<u>b</u> _	From 2013						
	From 2014			1			
	From 2015			<u> </u>			
<u>e</u>	From 2016						
	Total of lines 3a through e Applied to underdistributions of prior years						
<u>g</u>	Applied to underdistributions of prior years Applied to 2017 distributable amount						
i	Carryover from 2012 not applied (see instructions)			· · · · · · · · · · · · · · · · · · ·			
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		4 () 49 () 1				
4	Distributions for 2017 from						
7	Section D, line 7:			1			
a	Applied to underdistributions of prior years						
b	Applied to 2017 distributable amount			<u> </u>			
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2017, if						
Ū	any. Subtract lines 3g and 4a from line 2. For result	,		l			
	greater than zero, explain in Part VI. See instructions.	,					
6	Remaining underdistributions for 2017. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2018. Add lines 3j			1			
	and 4c.						
8	Breakdown of line 7.						
а	Excess from 2013						
b	Excess from 2014						
С	Excess from 2015	1					
d	Excess from 2016						
е	Excess from 2017						

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 1 B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; a lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	1c; Part IV, Section on E, lines 1c, 2a, 2b, ind Part V, Section E,
		·
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		••••••

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

HIND	TEMPLE LTD		47-07 <u>5</u> 8522
Par	Organizations Maintaining Donor Ad Complete if the organization answered		
	Complete if the organization answered	(a) Donor advised funds	(b) 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	or advisors in writing that the assets h	peld in donor advised
J	funds are the organization's property, subject to t		
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the benefit?	and donor advisors in writing that gra	ant funds can be used for any other purpose
Par	Conservation Easements. Complete if the organization answered	I "Ves" on Form 990 Part IV line 7	
_	Purpose(s) of conservation easements held by the		•
1	Preservation of land for public use (e.g., recre	= · · · · · · · · · · · · · · · · · · ·	of a historically important land area
		·	of a certified historic structure
	Protection of natural habitat	☐ Preservation C	or a certified historic structure
_	Preservation of open space Complete lines 2a through 2d if the organization is	hald a avalified appearation appticly	on in the form of a concentration
2	easement on the last day of the tax year.	neid a qualmed conservation contributi	Held at the End of the Tax Year
	•		
a			2a
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in	• • •	
_	historic structure listed in the National Register		
3	Number of conservation easements modified, traitax year ▶	nsterred, released, extinguished, or ter	minated by the organization during the
4 5	Number of states where property subject to cons Does the organization have a written policy reviolations, and enforcement of the conservation e	egarding the periodic monitoring, in	spection, handling of · · · · · · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, inspe		
7	Amount of expenses incurred in monitoring, inspect \$\$\$	ting, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements o	of section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easen	of the footnote to the organization's finents.	nancial statements that describes the
Par	Organizations Maintaining Collectio Complete if the organization answered	"Yes" on Form 990, Part IV, line 8	·
1a	If the organization elected, as permitted under S works of art, historical treasures, or other similar	ar assets held for public exhibition, e	ducation, or research in furtherance o
	public service, provide, in Part XIII, the text of the	e tootnote to its financial statements the	at describes these items.
b	If the organization elected, as permitted under works of art, historical treasures, or other similar public service, provide the following amounts rela-	ar assets held for public exhibition, e ating to these items:	ducation, or research in furtherance o
	(i) Revenue included on Form 990, Part VIII, line	1	> \$
	(i) Revenue included on Form 990, Part VIII, line (ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of a following amounts required to be reported under	rt, historical treasures, or other similal SFAS 116 (ASC 958) relating to these	ar assets for financial gain, provide the items:
а	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		▶ \$
b	Assets included in Form 990, Part X		• •

Part	Organizations Maintaining	Collections of A	Art, His	torical 1	Treasures	, or Ot	her Similar A	ssets (cc	ntınued)
3	'Using the organization's acquisition, collection items (check all that apply):	accession, and oth							
· а	☐ Public exhibition		d	Loan	or exchang	je progi	rams		
b	☐ Scholarly research		е	☐ Other	r		•••••		
C	☐ Preservation for future generations								
4	Provide a description of the organiza XIII.	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part							
5	During the year, did the organization assets to be sold to raise funds rather								es 🗆 No
Part	IV Escrow and Custodial Arra	angements.				-			
	Complete if the organization 990, Part X, line 21.						·		Form
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?						es 🗌 No		
b	If "Yes," explain the arrangement in P	art XIII and comple	te the fo	llowing ta	able:			Amount	
c	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f	I		
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line	21, for e	scrow or c	ustodia	account liabili	ty? 🗌 Y o	s 🗌 No
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the e	xplanatio	n has been	provide	ed on Part XIII		
Par	V Endowment Funds.								
	Complete if the organization		on For	m 9 <u>90,</u> I	Part IV, line	<u>e 1</u> 0.			
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years ba	ck (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships						-	1	
е	Other expenditures for facilities and programs								
f	Administrative expenses								
9	End of year balance							_	
2	Provide the estimated percentage of t	the current year en	d baland	e (line 1o	. column (a	ı)) held :			
а	Board designated or quasi-endowme		%	- (,, •	,,			
Ь	Permanent endowment ▶	%							
C	Temporarily restricted endowment ▶								
	The percentages on lines 2a, 2b, and		00%.						
3a	Are there endowment funds not in th			zation tha	at are held	and ad	ministered for	the	
	organization by.								Yes No
	(i) unrelated organizations							. 3a(i)	
	(ii) related organizations							. 3a(ıi)	
b	If "Yes" on line 3a(ii), are the related of							. 3b	
4	Describe in Part XIII the intended uses							ر	
Part									
	Complete if the organization		on For	m 990. f	Part IV. line	e 11a.	See Form 990). Part X.	line 10.
	Description of property	(a) Cost or oth	her basis	(b) Cost of	or other basis	(c)	Accumulated epreciation	(d) Boo	
1a	Land		0	·	443,500				443,500
b	Buildings		0	 	4,966,196		1,131,692		3,834,504
c	Leasehold improvements		0	 	4,500,130		0		3,034,304
d	Equipment		0	 	0		0		0
e	Other		0	 	276,165		240,353		35,812
	Add lines 1a through 1e. (Column (d) r	nust equal Form 99		X. column)c.)	240,555		4.313.816

Part VII	Investments - Other Securities.			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, li				
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial	derivatives			
(2) Closely-h	neld equity interests			
(3) Other				
(A)				
(B)				
(C)	••••••			
(D)	•	-		
(E)				
(F)				
(G)				
(H)	Name 1 Com 1000 Part V and 101 Inc. 101 N		<u>-</u>	
	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related.	<u> </u>		
Part VIII	Complete if the organization answered "Yes" on Form 990, Part	IV line 11e See E	form 000 Part V line 12	
	(a) Description of investment	(b) Book value	(c) Method of valuation	
	(a) Description of investment	(b) Book value	Cost or end-of-year market value	
(1)			-	
(1)	· · · · · · · · · · · · · · · · · · ·			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.		<u> </u>	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11d. See F	Form 990, Part X, line 15.	
	(a) Description		(b) Book value	
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col (B) line 15.)	·		
Part X	Other Liabilities.		<u> </u>	
FaitA	Complete if the organization answered "Yes" on Form 990, Part	IV line 11e er 11f	Soo Form 000 Bort V	
	line 25.	iv, line the or thi.	. See Form 990, Part X,	
1.	(a) Description of liability		(b) Book value	
(1) Federal in			(b) Book value	
(2)				
(3)				
(4)				
(5)				
(6)			-	
(7)		-		
(8)	· ·			
(9)				
	b) must equal Form 990, Part X, col (B) line 25) ▶			
	uncertain tax positions. In Part XIII, provide the text of the footnote to the orga	nization's financial sta	tements that reports the	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part			r Return.
	Complete if the organization answered "Yes" on Form 990,		
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	1 1	
а	Net unrealized gains (losses) on investments	2a	⊣
р	Donated services and use of facilities		-
С	Recoveries of prior year grants		⊣
d	Other (Describe in Part XIII.)		<u> </u>
9	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		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
þ	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5 Dor Beturn
Part	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990,		per neturn.
1		Tartiv, inic 12a.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments		-
c	Other losses		-
d	Other (Describe in Part XIII.)		-
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part 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.)		
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		
Part	XIII Supplemental Information.		
	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part		
		•••••	
			••••••

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

HINDU TEMPLE LTD	47-0758522
Form 990, Part VI, Section B, Line 11b - Finance committee members review the numbers	
Form 990, Part VI, Section C, Line 19 - The return is reviewed by responsible volunteer members of the	Finance committee including
rollingsu, Part VI, Section C, Line 19 - The feliant is eviewed by responsible volunteer from the control of the	work is done by an experienced who
elected Treasurer, Assistant Treasurer and the appointed Finance committee chairperson. Bulk of the	work is done by an experienced who
is an Enrolled Agent. He is not paid for his services.	

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	•••••