Form **990** 

# **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 publication.

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

Open to Public

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<u>A</u>			8, and ending			, 20 19 er identification number								
В		applicable C Name of organization HINDU TEMPLE LTD			<b>-</b> ∤ ' ´									
Π,	' Address o				47-0758522									
$\sqcup$	Name cha	Number and street (or P O box if mail is not delivered to street address)	Room/suit	е	E Telephone number									
Ш	Initial retu					402-697-8546								
	Final return	ofterminated City or town, state or province country, and ZIP or foreign postal code		ľ										
	Amended	return Omaha, NE, 68144			<b>G</b> Gross re	ceipts \$ 753,566								
	Application	on pending F Name and address of principal officer Srinivas Nedunoori	1	H(a) Is this a gro	oup return for s	subordinates? Tes Ves No								
		13010 Arbor St, Omaha, NE 68144	2/4	H(b) Are all s	ubordinates	included? Yes No								
	Tax-exem	npt status	br	If "No," attac	chalist (se	ee instructions)								
J	Website.			H(c) Group	exemption	number ►								
ĸ			n 1994		of legal domicile NE									
_	art I	Summary		1001	1	102								
-		Briefly describe the organization's mission or most significant activiti	ies Daliais	us worship s	OFWICOC									
Φ	' '	bheny describe the organization's mission of most significant activiti	ies kengio	us worsnip s	ei vices									
ũ	.													
Ē	, ;	Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.												
o ve	1	-	r aisposea o	more than	1 1									
Ğ	1	Number of voting members of the governing body (Part VI, line 1a) .		•	3	12								
οğ		Number of independent voting members of the governing body (Part		•	4	12								
ZUZI Activities & Governance	1	Total number of individuals employed in calendar year 2018 (Part V,	line 2a) .	•	5	4								
	6	Total number of volunteers (estimate if necessary)		•	6	100								
	7a `	Total unrelated business revenue from Part VIII, column (C). line 12			7a	0								
<u>-</u>	b i	Net unrelated business taxable income from Form 990-T, line 38 .			7b	0								
7				Prior Yea	ar .	Current Year								
Revenue	8 (	Contributions and grants (Part VIII line 1h)		793,375	744,697									
	1	Program service revenue (Part VIII, line 2g)			0	0								
2 8	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	🗀		8,116	1,954								
íě			evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)											
•		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A)		6,607 808,098	4,544 751,195									
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	· · · · · · · · · · · · · · · · · · ·											
		Benefits paid to or for members (Part IX, column (A), line 4)	2,830 0	6,797										
	145	• • • • • • • • • • • • • • • • • • • •	, , , , , , , , , , , , , , , , , , ,			107.044								
ses	10 .	Salaries, other compensation, employee benefits (Part IX, column (A), lin	les 5–10)  -	<u> </u>	161,470	167,041								
Expenses	16a I	Professional fundraising fees (Part IX column (A) line 11e)	_ 195	Mar State Andrews	U CECTOSCADO	U The Mark Control of the Control of								
នី	b ]	Total fundraising expenses (Part IX, column (D), line 25)	o   <del>}</del>			<del></del>								
_	17   1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			476,789	445,996								
		Total expenses. Add lines 13-17 (must equal Part Replym) (A) line	25)		641,089	619,834								
		Revenue less expenses Subtract line 18 from line 12	·/ ·		167,009	131,361								
Net Assets or Fund Balances		Total coosts (Bort V. Inc. 10) AMAY 1.2 200	<u>ال</u> [ <u>B</u>	eginning of Cur	rent Year	End of Year								
sets	20	Total assets (Part X, line 16)	₹/ . ∟	4,	716,582	4,923,099								
A As	21	rotal liabilities (Part A, line 26)	7 · L	1,	596,542	1,671,698								
žĒ	22 1	Net assets or fund balances. Subtractine 2016 10 line 20	<b>/</b> [	3,	120,040	3,251,401								
P	art II	Signature Block												
		ies of perjury. I declare that I have examined this return, including accompanying school				ny knowledge and belief, it is								
tru	e, correct,	and complete Declaration of preparer (other than officer) is based on all information of	which preparer l	nas any knowle	dge									
	1	N. Conivan Deed			050	512020.								
Sig	an	Signature of officer		Date										
He		Srinivas Nedunoori, President												
		Type or print name and title				<del></del>								
_		Print/Type preparer's name Preparer's signature	Dat	9	1	PTIN								
Pa				-	Check [	_]								
	eparer		Ļ		self-emp	ioyeu								
Us	e Only		m's EIN ▶											
		Firm's address ►		Phor	ne no									
_		S discuss this return with the preparer shown above? (see instruction	ns)	• •		. 🔲 Yes 🗌 No								
For	Paperwe	ork Reduction Act Notice, see the separate instructions.	Cat No	11282Y		Form <b>990</b> (2018)								





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Part I	· · · · · · · · · · · · · · · · · · ·	_
4	Check if Schedule O contains a response or note to any line in this Part III	<u>ا</u> ـــ
'	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	
	(Continued on Schedule O, Statement 2)	
	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	)
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	,
	If "Yes," describe these changes on Schedule O.	•
	Describe the organization's program service accomplishments for each of its three largest program services, as measured t	bу
	expanses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	the total expenses, and revenue, if any, for each program service reported	
		_
4a	(Code ) (Expenses \$ 619,834 including grants of \$ 6,797 ) (Revenue \$ 751,195 )	
	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 \$ )	
	, (	
		. <b>.</b>
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

4d Other program services (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$

619,834

Total program service expenses ▶

0)

Form 9	ହେ (2018)	BA	D	O Page 3
Part				age
₹,			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	<b>√</b>	
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .	4		1
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		1
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		<b>√</b>
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		<b>✓</b>
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		<b>✓</b>
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.	X.	, 1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	/	-
Ь	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 162 if "Yes." complete School III.	116		

	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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		1
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		1
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.		. 1	_
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
ь	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		✓
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
12a	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		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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	-	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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	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		/
			. 000	(2018)

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Part I	V Checklist of Required Schedules (continued)			
`			Yes	No
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		<b>√</b>
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		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		_
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	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		✓
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		<b>√</b>
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		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<b>/</b>
	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		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	_	1
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<u> </u>
22	complete Schedule N, Part II	32		<b>✓</b>
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		<b>√</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>/</b>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь		_
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	✓	
Part	<del>-</del>			_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   6		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<i>-</i> ;	

Part	Statements Regarding Other IRS Fillings and Tax Compliance (continued)			<del></del>
` _	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<del>  </del>	Yes	No
2a	Statements, filed for the calendar year ending with or within the year covered by this return  2a  4			i
ь	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?	За		<b>✓</b>
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	igsquare	<b>✓</b>
b	If "Yes," enter the name of the foreign country			
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	 5a		
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<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			$\overline{}$
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		L
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			
b	and services provided to the payor?	7a_ 7b	-	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ü	required to file Form 8282?	7c		
d	If "Yes,' indicate the number of Forms 8282 filed during the year	ي ا		is
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		<u></u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	_7f_		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<b>  </b>	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_	<del>  </del>	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	<del></del>	
9	Sponsoring organizations maintaining donor advised funds.	,	1 .	<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	-4P		i "
а	Initiation fees and capital contributions included on Part VIII, line 12	•	ŀ	
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter	}		
''a	Gross income from members or shareholders	'	.	
ь	Gross income from other sources (Do not net amounts due or paid to other sources	1		
-	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		
	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.		<b> </b>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del>-</del> ,
ь	Enter the amount of reserves the organization is required to maintain by the states in which	ĺ		
b	the organization is licensed to issue qualified health plans		(	
С	Enter the amount of reserves on hand	<b> </b>	;	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	<b> </b>	✓
16	If "Yes," see instructions and file Form 4720, Schedule N.	40		ئينا
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	$\vdash \vdash \vdash$	<b>√</b> _1
	1. 100, Complete Form Tree, Confedule O	Fort	ո <b>99</b> 0	(2018)

Part							
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	ee ins	tructi	,			
Casti	Check if Schedule O contains a response or note to any line in this Part VI	<del></del>		✓			
Secu	on A. Governing Body and Management		Yes	No			
1.	Enter the number of voting members of the governing body at the end of the tax year .   1a   12		165	140			
1a	Enter the number of voting members of the governing body at the end of the tax year.  12  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	Enter the number of voting members included in line 1a, above, who are independent . 1b 12						
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
2	any other officer, director, trustee, or key employee?	2		✓_			
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		<del>*</del>			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5 6		<b>√</b>			
6	Did the organization have members or stockholders?	ь		<b>-</b>			
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?						
b							
	stockholders, or persons other than the governing body?						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	1				
b	Each committee with authority to act on behalf of the governing body?	8b	<u>,                                     </u>	_			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		<del></del>				
-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode )				
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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		1			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
С	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		<b>/</b>			
14	Did the organization have a written document retention and destruction policy?	14		7			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	-	./			
b	Other officers or key employees of the organization	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	40.					
L.	with a taxable entity during the year?	16a		<b>✓</b>			
b	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					
Secti	on C. Disclosure						
17	List the states with which a copy of this Form 000 is required to be filed Name						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1						
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website. Another's website. Upon request. Other (explain in Schedule O)	•					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year	•		/, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	<b>&gt;</b>				
	Hındu Temple, (402)697-8546						

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	and
	Independent Contractors							

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 no	or any relate	d org	<u>anız</u>			ompe	nsa	ated any currer	t officer, directo	r, or trustee.
				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average hours per week (list any	officer and a director/trustee)					n an tee)	Reportable compensation from	Reportable compensation from related	Estimated
	hours for related organizations below dotted line)	Individua or directo	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
Srinıvas Nedunoorı President	15.00			1				0	0	(
Venkatesh Bettadapura	5.00							Ì		
Vice President				✓				0	0	C
Meera Kashyap Treasurer	10.00			1				o	0	
Gayathrı Ramasubramanıan	5 00									
Secretary		Ì		1				0	0	(
Jayanthi Viswanathan	10.00									
Asst Treasurer				1		,		0	0	C
Sai Krishna Yeluri	5.00			l						
Asst Secretary		ļ		<b>✓</b>				0	0	
_										
		-				-				

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	office office or dire	unles	Pos neck ss pe	rson	ha both st Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-M	from ns	(F) Estimated amount of other compensation from the organization and related organizations	
									:	-			
							-						_
									_				
						ļ		_					_
									<del> </del>				
				i				-					
								-					_
								_	1	<u>-</u>			
1b	Sub-total		<u> </u>	L ·				<b></b>	0		0		0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)						•	<b>&gt;</b>	0		0		0
2	Total number of individuals (including but reportable compensation from the organic	t not limited		nose	e list	ted	above	e) w		ore than \$10			<u> </u>
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If</i> "Yes," <i>complete</i> 3	ficer, direc						emp		est comper	nsate	Yes No	
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150,	,000	)? /:	f "Ye.	s, "	complete Sch	edule J for	suc	th 4 √	
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or ind	ıvıdu ——	al 5 ✓	
1	on B. Independent Contractors  Complete this table for your five highest compensation from the organization. Repayear												
	(A) Name and business add			(B) Description of s	ervices		(C) Compensation	_					
None											-		_
													_
	Table							L					_
2	Total number of independent contractor received more than \$100,000 of compens	ors (includir ation from t	ng bu the or	ıt n gan	ot iizat	lımıt .ion	ed to ►	o th	nose listed abo <b>0</b>	ove) who			

0

	390 (201					- ·	<del>-</del>		Page <b>9</b>
Par	t VIII	Statement of Reve Check if Schedule C		0 500	nanna ar nata ta	s any lina in this	Port VIII		
		Check ii Schedule C	Contains	<u>a res</u>	porise or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512–514
nts	1a	Federated campaigns	3 .	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues .		1b	0				
	С	Fundraising events		1c	0				
Grf lar	d	Related organizations		1d	0				
ns, Sim	e	Government grants (cor		1e	0				
utio ier (	f	All other contributions, g and similar amounts not inc		۱					
Q E				1f	744,697				
Contributions, Gifts, and Other Similar Ar	9 h	Noncash contributions include <b>Total.</b> Add lines 1a–1		-11 \$	0	744 607			ĺ
	11	Total. Add lines ra-1	1.	•	Business Code	744,697		1	
Program Service Revenue	2a				Dusiness code			<u>'</u>	
Rev	ь								
<u>9</u>	С	•••••							
Ser	d								
Ë	е								
ogra	f	All other program ser							
<u> </u>	g	Total. Add lines 2a-2				0			
	3	Investment income							
		and other similar amo			· · · · · <b>▶</b>	1,954	0	0	1,954
	4	Income from investmen	t of tax-exe	mpt b	ond proceeds 🕨	0	0	0	0
	5	Royalties	(ı) Rea	•		0	0	0	0
	6a	Gross rents	(l) Flea		(ii) r ersonai				ļ
	b	Less rental expenses							į
	C	Rental income or (loss)		0	0				
	d	Net rental income or	loss)		▶				<u>'</u>
	7a	Gross amount from sales of	(i) Securit	es .	(II) Other				!
	'-	assets other than inventory					!		
	ь	Less cost or other basis						,	
		and sales expenses					,		
	С	Gain or (loss)		0	0			,	3
	d	Net gain or (loss) .	•		🕨		· · · · · <u> </u>		
e l	0-	Gross income from fi	ındraicina			,			
eu	ва	a Gross income from fundraising events (not including \$ 0			,	l 1 *	1	'	
ě		of contributions reporte	ed on line 1	υ) <u>ν</u>					ı
7.		See Part IV, line 18	Ju 011 11110 11	. a					1
Other Revenue	ь	Less direct expenses	3	b					1
٦		Net income or (loss) f					· · · · · · · · · · · · · · · · · · ·		
		Gross income from ga						<del>-</del>	ļ
		See Part IV, line 19		· a	6,915				,
	b	Less: direct expenses	3	b	2,371				;
		Net income or (loss) f			vities . ▶	4,544	0	0	4,544
	10a	Gross sales of in		less			•		
		returns and allowance		а					
		Less. cost of goods s							
	С	Net income or (loss) f		of inve					
	44-	Miscellaneous R	evenue		Business Code				
	11a b								_
	C								
	d	All other revenue						-	
	e	Total. Add lines 11a-	11d			0			
	12	Total revenue. See in				751,195	0	0	6,498
									0,430

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns A	II other organization	ns must complete co	olumn (A)
	Check if Schedule O contains a respon				🗸
	t include amounts reported on lines 6b, 7b, o, 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	6,797	6,797	4,	
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			a single	
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	120,831	120,831		
9	Other employee benefits	22,348	22,348	<u> </u>	
10	Payroll taxes	23,862	23,862		
11	Fees for services (non-employees)				
a	Management				
ь	Legal	9,400	9,400		
C	Accounting	<del></del>		<del>-</del>	
d	Lobbying		- 3	g***, .u ,	
e f	Investment management fees		a	* * * * * * * * * * * * * * * * * * * *	<del></del>
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,536	2,536		,
12	Advertising and promotion	2,550			<del>–</del>
13	Office expenses	13,540	13,540		
14	Information technology	1,368	1,368		
15	Royalties				
16	Occupancy	89,751	89,751		
17	Travel	5,915	5,915		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	66,295	66,295		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	126,950	126,950		<u> </u>
23	Insurance	14,814	14,814		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If				,'s
	line 24e amount exceeds 10% of line 25, column				, <u>.</u>
	(A) amount, list line 24e expenses on Schedule O)		- Sep	F g Cy e g	
а					
ь					
С					
q					
e	All other expenses	115,427	115,427		
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	619,834	619,834	0	0
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)				

33

34

Page 11 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 113,043 Cash—non-interest-bearing . 62,024 2 Savings and temporary cash investments 289,723 2 275,166 3 Pledges and grants receivable, net . . . . 3 0 4 4 Accounts receivable, net . . . . . 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . 0 5 . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Assets 0 7 Notes and loans receivable, net 7 0 8 Inventories for sale or use 8 0 Prepaid expenses and deferred charges 9 9 0 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a Less accumulated depreciation 10b 4,313,816 10c 4,585,909 1,495,399 11 Investments—publicly traded securities 0 11 12 12 Investments-other securities See Part IV, line 11 . 0 13 Investments -- program-related. See Part IV, line 11. 0 13 . . 14 Intangible assets 14 0 15 Other assets See Part IV, line 11 0 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,716,582 16 4,923,099 17 Accounts payable and accrued expenses 17 0 18 Grants payable . . . 18 0 Deferred revenue . . . . 19 0 19 20 Tax-exempt bond liabilities 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 Loans and other payables to current and former officers, directors, .7 14 22 Liabilities trustees key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 0 Secured mortgages and notes payable to unrelated third parties . 23 23 1,596,542 1,671,698 24 Unsecured notes and loans payable to unrelated third parties 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 of Schedule D 25 26 Total liabilities. Add lines 17 through 25 26 1,671,698 1,596,542 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . 27 28 Temporarily restricted net assets. 28 or Fund 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34. Capital stock or trust principal, or current funds Net Assets 30 30 0 0 31 Paid-in or capital surplus, or land, building, or equipment fund 31 0 0 32 Retained earnings, endowment, accumulated income, or other funds . 32 3,120,040 3,251,401

Total liabilities and net assets/fund balances

3,251,401

4,923,099

3,120,040

4,716,582

33

34

OIIII 98	(2016)				ige (Z
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		75	1,195
2	Total expenses (must equal Part IX, column (A), line 25)	2		61	9,834
3	Revenue less expenses Subtract line 2 from line 1	3		13	1,361
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,12	0,040
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			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		3,25	1,401
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII .		<u> </u>	<del></del>	
	A			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," ex Schedule O	piain i	n	;	]
20				-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			+ -	-
	If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both	bilea c	or .	,	
	Separate basis Consolidated basis Both consolidated and separate basis			1	
ь			. 2b	-	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	d on	· ——	+	61
	separate basis, consolidated basis, or both	ou on	٠, ,		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		'	1 2	1, "
С	If "Yes" to line 2a or 2b does the organization have a committee that assumes responsibility for o	versiał	nt -	is and Street Co.	
	of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ı	ın	,	. 1
	Schedule O	•		ئـــــــــــــــــــــــــــــــــــــ	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	ın 🗔		
	the Single Audit Act and OMB Circular A-1337		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		<u> </u>
	,		Fo	ım <b>99</b> 0	(2018)

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### 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

HIND	DU TEMPLE LTD					47-07	58522	
Pa	t Reason for Public Char	ity Status (All	organizations must	comple	te this pa	art.) See instructio	ns.	
The	organization is not a private foundate	tion because it is	s (For lines 1 through	12, chec	k only on	ne box )	_ 1	
1	☑ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in <b>section</b>		· · · · · · · · · · · · · · · · · · ·				)	
3	A hospital or a cooperative hos							
4	A medical research organizatio		onjunction with a hosp	oital desc	ribed in <b>s</b>	ection 170(b)(1)(A)(	iii). Enter the	
_	hospital's name, city, and state					-1 h		
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp	olete Part II)					ai unit described in	
6 7	<ul> <li>☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> </ul>							
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II)				
9	An agricultural research organizer university or a non-land-granuniversity	nt college of agri	culture (see instruction	ons) Ente	r the nam	ne, city, and state of	the college or	
10	An organization that normally receives (1) more than 33½% 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 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)							
11	☐ An organization organized and	operated exclus	sively to test for public	safety S	See <b>sect</b> i	on 509(a)(4).		
12	☐ An organization organized and							
	of one or more publicly suppo							
	Check the box in lines 12a throi	· ·	, ,		-	·	•	
а	Type I. A supporting organi the supported organization							
	supporting organization. You					rie directors or trust	ees of the	
b		•				upported organizati	on(s) by having	
_	control or management of to organization(s) You must o	he supporting of	rganization vested in	the same				
c	Type III functionally integrits supported organization(s						ally integrated with.	
d	Type III non-functionally in that is not functionally integ requirement (see instruction	rated The orgai	nization gonorally mut	st satisfy	a distribu	ition requirement an		
е	Check this box if the organifunctionally integrated, or T						e II, Type III	
f	Enter the number of supported o	•		, porting (	or garnizati			
g	5	_	orted organization(s)				· L	
<u>_</u>	(i) Name of supported organization	(n) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
		ļ		Yes	No			
(A)								
·—								
(B)								
(C)								
(D)								
(E)								
						,		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2014 (d) 2017 (e) 2018 (f) Total Calendar year (or fiscal year beginning in) ▶ **(b)** 2015 (c) 2016 Gifts grants, contributions, and membership fees received (Do not include any "unusual grants") . . . 2 revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support (b) 2015 Calendar year (or fiscal year beginning in) (a) 2014 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 . . . . . 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from sımılar sources Net income from unrelated business activities, whether or not the business is regularly carried on 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 Gross receipts from related activities, etc. (see instructions) . . . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . 14 14 Public support percentage from 2017 Schedule A, Part II, line 14 . . . . . . . . 15 15 331/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □ 17a 10%-fagts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization fails to qualify	under the te	ests listed beid	ow, please co	omplete Part	II.)	
	ion A. Public Support	· · · · · · · · · · · · · · · · · · ·	<del></del>		<del></del>		1
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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 .				İ		
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	ĺ					
	or expended on its behalf .						
5	The value of services or facilities					<u></u>	
	furnished by a governmental unit to the		İ				
	organization without charge		[				
6	Total. Add lines 1 through 5						
7a							<del> </del>
	received from disqualified persons						
ь				/	<b></b>		
U	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					·- ·-	
8	Public support. (Subtract line 7c from		1	•		• 1	<del></del>
_	line 6.)	1	/: . ` `			a, .	
Sect	ion B. Total Support	·	<u> </u>	•	'	L	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		1 17.23		\ <u>\</u>	(7)	1(1)
_	Gross income from interest, dividends,						<del> </del>
	payments received on securities loans, rents,						
	royalties, and income from similar sources		ļ				
ь	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С							-
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						-
	loss from the sale of capital assets						1
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		<del> </del>				<del> </del>
	and 12.)						
14	First five years. If the Form 990 is for the	L	n a firat, accord	d. third, fourth	L. or fifth tax ve	an as a soctio	n 501(a)(3)
	organization, check this box and stop he	re .					<b>N</b> O
Sect	ion C. Computation of Public Suppor		ie		<del> `, - `</del>		· - <u>- </u> <u>- </u>
15	Public support percentage for 2018 (line			(f)		15	%
16	Public support percentage from 2017 Scl			io, colainii (i),		16	<del></del>
	ion D. Computation of Investment In			<del></del>	· ·	1 10 1.	
17	Investment income percentage for 2018 (			v line 13 colu	mn (fl)	17	%
18	Investment income percentage from 2017				* * * *	18	
19a	331/3% support tests—2018. If the organ					1	
. 74	17 is not more than 331/3%, check this box	and stop here	. The organization	on qualifies as	a publicly suppr	orted organizat	
ь	33/3% support tests—2017. If the organiz						
	line 18 is not more than 331/3%, check this	box and ston b	neck a box on the	zation qualifies	roa, and interior	noported organ	
20	Private foundation. If the organization di						
<u> </u>	/ die roundation, it the organization di	a not oneck a	DUA UITIIIR 14,	13a, UL 13D, (	CONTINUE DOX	anu see msift	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)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	aπ v	<u> </u>	
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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		<b></b>
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 <b>Part VI</b> 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 <b>Part VI</b> when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 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 <b>Part VI</b> 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 <b>Part VI</b> 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	2.4	
5а	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 <b>Part VI</b> , 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	18	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 (as 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)	- <del>-</del> -	;• ——	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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	V 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?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		├
	on B. Type I Supporting Organizations	110	L	L
0000	on b. Type I cupper ting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	[		. 1
	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	}	}	
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year			اــــا
_		1	<u> </u>	ļ.,
2	Did the organization operate for the benefit of any supported organization other than the supported		1	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> 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		<u>.                                    </u>	L
	on or type it depper ting of games to		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1	
	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		<u> </u>
Secti	on D. All Type III Supporting Organizations		<u> </u>	
4	Did the everywhere records to each of the everywhere house house had been dead of the everyhere.		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		
	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	<del></del>	
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	<u>:</u>		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	ļ	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	ľ '	7	
	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 <b>Part VI</b> the role the organization's	, '		
	supported organizations played in this regard	3		<u> </u>
Secti	on E. Type III Functionally Integrated Supporting Organizations		<u> </u>	<u></u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	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			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ın	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 <b>Part VI identify</b> 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		<del></del>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	ľ		
	reasons for the organization's position that its supported organization(s) would have engaged in these		<u>,                                     </u>	
	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			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	<b>├</b>	<b> </b> ,
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 <b>Part VI</b> the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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			
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		·	١,,
instructions for short tax year or assets held for part of year)	٠		_
a Average monthly value of securities	1a		
b Average monthly cash balances	16		
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)	ľ		, <sub>44</sub> %
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		*41	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	, r	
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supporting	organization (see
instructions).			

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)			
Sect	on D-Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted			
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.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ) See instructions	h the organization is res	ponsive			
9	Distributable amount for 2018 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
Section E – Distribution Allocations (see instructions)  (i)  Excess Distributions  Pre-2018				(iii) Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ) See instructions.					
3	Excess distributions carryover, if any, to 2018					
а	From 2013					
b	From 2014					
С	From 2015					
	From 2016					
е	From 2017					
f	Total of lines 3a through e					
	Applied to underdistributions of prior years					
h	Applied to 2018 distributable amount					
<u>i</u> _	Carryover from 2013 not applied (see instructions)		,			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2018 from Section D, line 7 \$					
a	Applied to underdistributions of prior years			·		
b	Applied to 2018 distributable amount					
c	Remainder. Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.	-				
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions	٠				
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			_		
8	Breakdown of line 7					
a	Excess from 2014					
b	Excess from 2015		·			
С	Excess from 2016					
d	Excess from 2017					
е	Excess from 2018	<u> </u>		'		

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
•	
	·
.,	
.,	

# SCHÈDULE 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	J TEMPLE LTD		47-0758522
Pai	t I Organizations Maintaining Donor Ad	lvised Funds or Other Similar Fu	nds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6	
		(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 dono	or advisors in writing that the assets I	held in donor advised
	funds are the organization's property, subject to t	he organization's exclusive legal contr	rol? □ Yes □ No
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or	for any other purpose
	conferring impermissible private benefit?		· · · · · D Yes D No
Par	Conservation Easements.		
	Complete if the organization answered		•
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recre-	<u> </u>	- · · · · · · · · · · · · · · · · · · ·
	Protection of natural habitat	☐ Preservation of	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization is	neld a qualified conservation contributi	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easemen		<u>2b</u>
C	Number of conservation easements on a certified		. 2c
d	Number of conservation easements included in historic structure listed in the National Register	(c) acquired after 7/25/06, and not	1 1
3	Number of conservation easements modified, trai	neformed released extinguished or ter	zaminated by the organization during the
3	tax year ►	isterred, released, extinguished, or ter	minated by the organization during the
4	Number of states where property subject to cons	arvation essement is located •	
5	Does the organization have a written policy re		spection handling of
•	violations, and enforcement of the conservation e		•
6	Staff and volunteer hours devoted to monitoring, insp		
•	b	ooting, nanding of violations, and officion	ng concertation decompile during the year
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing	conservation easements during the year
-	<b>▶</b> \$		, conservation casements as my the year
8	Does each conservation easement reported on lin	e 2(d) above satisfy the requirements o	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · · · · Yes · No
9	In Part XIII, describe how the organization reports	conservation easements in its revenu-	e and expense statement, and
	balance sheet, and include, if applicable, the text		•
	organization's accounting for conservation easem	nents.	
Par	III Organizations Maintaining Collection	ns of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under	· · · · · · · · · · · · · · · · · · ·	
	works of art, historical treasures, or other similar		ducation, or research in furtherance of
	public service, provide the following amounts rela	_	
	<ul><li>(i) Revenue included on Form 990, Part VIII, line</li><li>(ii) Assets included in Form 990, Part X</li></ul>	1	▶ \$ ▶ \$
_	(ii) Assets included in Form 990, Part X .		· · · · <b>▶</b> \$
2	If the organization received or held works of ar		ir assets for financial gain, provide the
_	following amounts required to be reported under		
a	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X .		· · • • • • • • • • • • • • • • • • • •

Part									
3	Using the organization's acquisition, collection items (check all that apply)	accession, and oth	her recor	ds, chec	k any of th	c follow	ing that are a	significant	use of its
а	☐ Public exhibition		d	Loan	or exchang	ge progra	ams		
b	☐ Scholarly research		e	☐ Other	•				
С	☐ Preservation for future generations	5							
4	Provide a description of the organizat XIII	tion's collections a	ınd expla	iin how tl	hey further	the orga	anızatıon's ex	empt purpo:	se in Part
5	During the year, did the organization assets to be sold to raise funds rather							_	s 🗌 No
Part	IV Escrow and Custodial Arra	angements.							
	Complete if the organization	answered "Yes'	on For	m 990, F	Part IV, line	e 9, or r	eported an a	amount on	Form
	990, Part X, line 21.								
1a	Is the organization an agent, trustee,	, custodian or oth	er interm	ediary fo	or contribut	tions or	other assets	not	
	included on Form 990, Part X?		•			•		. 🗌 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing ta	able				
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d		· <u>-</u>	
е	Distributions during the year .				•	1e	1		
f	Ending balance					1f			
2a	Did the organization include an amoun	nt on Form 990, Pa	art X, line	21, for e	scrow or co	ustodial	account liabili	ıty <sup>?</sup> ☐ <b>Ye</b> :	s No
b	If "Yes," explain the arrangement in P.	art XIII. Check here	e if the ex	planatio	n has been	provide	d on Part XIII	·	
Par	Part V Endowment Funds.								
	Complete if the organization	answered "Yes"	on For	m 990, F	art IV, line	e 10.			_
		(a) Current year	(b) Pro	or year	(c) Two year	rs back	(d) Three years ba	ack (e) Four	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								-
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1a	, column (a	i)) held a	S		-
а	Board designated or quasi-endowmer		%	` •	,	,,			
b	Permanent endowment ►	%							
	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and		00%						
За	Are there endowment funds not in the			zation tha	at are held	and adr	ninistered for	the	
	organization by		_					_	res No
	(i) unrelated organizations .							. 3a(ı)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as requi	red on So	hedule R?			. 3b	
4	Describe in Part XIII the intended uses							. [	
Part				-					
	Complete if the organization		on For	m 990. F	Part IV. line	e 11a. S	See Form 99	0. Part X. lı	ne 10.
	Description of property	(a) Cost or oth	her basis	(b) Cost of	r other basis ther)	(c) A	ccumulated preciation	(d) Book	
1a	Land	<del>-   </del>	0	<del></del>	443,500	<del></del>		<del></del>	443,500
b	Buildings	<del></del>	0	<del></del>	5,361,642	<del></del>	1,244,149		4,117,493
c	Leasehold improvements .		0		0,301,042		0		0
d	Equipment		0		0	<del></del> -	0		0
e	Other		0		276,166		251,250		24,916
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 95		(, columr		Dc )	. ▶	·	4,585,909

Part VII	Investments—Other Securities.			5
·	Complete if the organization answered "Yes" on Form 990, Part			
	(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation id-of-year market value
(1) Financial	derivatives			
(2) Closely-h	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 12.) ▶		<b>计数据</b>	
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11c. See F	orm 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) M	ethod of valuation id-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11d. See F	orm 990,	
	(a) Description			(b) Book value
(1)				
_(2)		<del></del>		
_(3)				
(4)				
(5)				
(6)				
_(7)				
(9)	(1) 15 200 D 14 1/D 1 1/D			
	mn (b) must equal Form 990, Part X, col (B) line 15.)		<b>&gt;</b>	
Part X	Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part line 25.	IV, line 11e or 11f.	. See Forr	m 990, Part X,
1.	(a) Description of liability		······· ſ	(b) Book value
(1) Federal in				U) BOOK VAIDE
(2)				***************************************
(3)				
(4)				
(5)	<del></del>	<del></del>		
(6)		<del></del>		<del></del>
(7)				
(8)		<del> </del>		
(9)				
	b) must equal Form 990, Part X, col. (B) line 25.) ▶	<del></del>		
	runcertain tax positions. In Part XIII, provide the text of the footnote to the organ	nization's financial =+=	tomosts +	at raparts the
organization'	s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the to	ext of the footnote has	s been prov	vided in Part XIII

Part			er 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.			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	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	4a		
b	Other (Describe in Part XIII )	4b	40	
с 5	Add lines <b>4a</b> and <b>4b</b>		.   4c   5	
Part				
rait	Complete if the organization answered "Yes" on Form 990,	•	s per neturn.	
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		· ·	
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
ď	Other (Describe in Part XIII )	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		<b>500</b>	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
C	Add lines <b>4a</b> and <b>4b</b>		. 4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 18.) .	5	
Part	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar			
	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this par			

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2018

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

Name of the organization	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	
elected Treasurer, Assistant Treasurer and the appointed Finance committee chairperson. Bulk of the work is done by an experienced	
member who is an Enrolled Agent. He is not paid for his services.	
Form 990, Part IX, Line 24e - worship service 10600 supplies 71628 repairs 26402 all other expenses 6797	
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