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2020

OMB No. 1545-0052

Return of Private Foundation

Form 990-PF Department of the Treasury Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2020, or tax year beginning 01-01-20	20 , aı	nd end	ding 12-31-	2020				
		Indation		A Employer identification number						
50	JBHASH	AND SAROJ CHARITABLE FOUNDATION			20-2034851					
		d street (or P.O. box number if mail is not delivered to street address) ORVIEW DRIVE		B Telephone number (see instructions)						
		n, state or province, country, and ZIP or foreign postal code , TX 774795851			C If exemption	application is pendin	g, check here			
G C	neck al	l that apply: Initial return Initial return of a	former public charity		D 1. Foreign or	ganizations, check he	ere			
		Final return Amended return	,		2. Foreign or	ganizations meeting	the 85%			
		Address change Name change			test, chec	k here and attach co	mputation 🕨 🔲			
H C	neck ty	ablape of organization: Section 501(c)(3) exempt private f	oundation			undation status was t n 507(b)(1)(A), chec				
	Section	n 4947(a)(1) nonexempt charitable trust	private foundation							
of	year (f	xet value of all assets at end from Part II, col. (c), ▶\$ 104,317 J Accounting method: □ Other (specify) (Part I, column (d) must		ual		ation is in a 60-montl n 507(b)(1)(B), chec				
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and				(d) Disbursements			
		of amounts in columns (b), (c), and (d) may not necessarily	expenses per	(b) N	let investment income	(c) Adjusted net income	for charitable purposes			
		equal the amounts in column (a) (see instructions).)	books				(cash basis only)			
	1	Contributions, gifts, grants, etc., received (attach schedule)	83,744	1						
	2	Check ▶ ☐ if the foundation is not required to attach								
	_	Sch. B								
	3	Interest on savings and temporary cash investments	202							
	4	Dividends and interest from securities	283	3						
	5a b	Gross rents Net rental income or (loss)		-						
ē	6a	Net gain or (loss) from sale of assets not on line 10	61,636	5						
3	b	• , ,	01,000	1						
Revenue	7	Gross sales price for all assets on line 6a 77,090 Capital gain net income (from Part IV, line 2)		+	61,636					
ш	8	Net short-term capital gain								
	9	Income modifications								
	10a	Gross sales less returns and allowances								
	b	Less: Cost of goods sold								
	c	Gross profit or (loss) (attach schedule)								
	11	Other income (attach schedule)								
	12	Total. Add lines 1 through 11	145,663	3	61,636					
	13	Compensation of officers, directors, trustees, etc.								
	14	Other employee salaries and wages								
6S	15	Pension plans, employee benefits								
ens	16a	Legal fees (attach schedule)								
and Administrative Expenses	b	Accounting fees (attach schedule)		1						
/e [C	Other professional fees (attach schedule)		1						
ati∖	17	Interest		1						
İst	18	Taxes (attach schedule) (see instructions)		1						
nji	19	Depreciation (attach schedule) and depletion								
Adı	20	Occupancy		1						
nd	21	Travel, conferences, and meetings		1						
<u>6</u>	22	Other expenses (attach schedule)	9 245	1						
Operating	24	Total operating and administrative expenses.	243	-						
era		Add lines 13 through 23	245	5	0		0			
О	25	Contributions, gifts, grants paid	77,634				0			
	26	Total expenses and disbursements. Add lines 24 and	· · · · · ·	1						
		25	77,879	<u> </u>	0		0			
	27	Subtract line 26 from line 12:								
	a	Excess of revenue over expenses and disbursements	67,784	1						
	b	Net investment income (if negative, enter -0-)			61,636					
	С	Adjusted net income (if negative, enter -0-)				0				
For	Paper	work Reduction Act Notice, see instructions.		C	at. No. 11289>	(For	m 990-PF (2020)			

For	n 990-	PF (2020)				Page 2
Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year (a) Book Value	(h) Bo	End o ok Value	f year (c) Fair Market Value
	1	Cash—non-interest-bearing	(a) book value	(6) 50	ok value	(c) Full Planket Value
	2	Savings and temporary cash investments				_
	3	Accounts receivable				_
		Less: allowance for doubtful accounts				
	4	Pledges receivable ▶				
	•	Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				_
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) 23,000				
	′	Less: allowance for doubtful accounts		as-i	23,000	23,000
	_			*	23,000	23,000
ets	8	Inventories for sale or use				_
Assets	9	Prepaid expenses and deferred charges				_
⋖	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	С	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment: basis ▶	-			
		Less: accumulated depreciation (attach schedule)				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)	36,532	*3	0	81,317
	14	Land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule) ▶				
	15	Other assets (describe)				
	16	Total assets (to be completed by all filers—see the				
		instructions. Also, see page 1, item I)	36,532		23,000	104,317
	17	Accounts payable and accrued expenses				
	18	Grants payable				
es	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
iab	21	Mortgages and other notes payable (attach schedule)				
_	22	Other liabilities (describe >)				
	23	Total liabilities(add lines 17 through 22)	0		0	
Ses		Foundations that follow FASB ASC 958, check here				
a	24	and complete lines 24, 25, 29 and 30.				
Bal	24	Net assets without donor restrictions				
핃	25	Net assets with donor restrictions				
Fund Balances		Foundations that do not follow FASB ASC 958, check here 🕨 🗹				
<u>~</u>		and complete lines 26 through 30.				
	26	Capital stock, trust principal, or current funds				
Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
	28	Retained earnings, accumulated income, endowment, or other funds	36,532		23,000	
Net	29	Total net assets or fund balances (see instructions)	36,532		23,000	
~	30	$\textbf{Total liabilities and net assets/fund balances} \ (\textbf{see instructions}) \ \ \textbf{.}$	36,532		23,000	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	_			
1		al net assets or fund balances at beginning of year—Part II, column (a), lir	ne 29 (must agree with			
_	•	ear figure reported on prior year's return)		. 1		36,532
2		er amount from Part I, line 27a		. 2		67,784
3		er increases not included in line 2 (itemize)		3		104.217
4 5		lines 1, 2, and 3		. 4		104,317
6		al net assets or fund balances at end of year (line 4 minus line 5)—Part II,		. 6		104,317
<u> </u>						orm 000-PE (2020)

Page **3**

2-story brick wareh	ne kind(s) of property sold (e.g., r nouse; or common stock, 200 shs.	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)			
1 a SALE OF 200 SHARES OF SF	Υ		D	2009-02-27	2020-08-08		
b SALE OF 100 SHARES OF AF	PLE SHARES		D	2019-01-01	2020-12-01		
c							
d							
e							
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	(h) Gain or (loss) (e) plus (f) minus (g)		
a 64,7	28		14,84	4	49,884		
b 12,3	12,362		61	0	11,752		
c							
d							
е							
Complete only for assets sh	owing gain in column (h) and own			((I)		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col. (i) l. (j), if any	col. (k), but not	h) gain minus less than -0-) or om col.(h))		
a					49,884		
b					11,752		
С							
d							
e							
	7 -						
· -		ons). If (loss), enter -0	Part I, line 7	3	61,636		
3 Net short-term capital gair If gain, also enter in Part I in Part I, line 8 Part V Qualification Und	(net capital loss) { n or (loss) as defined in sections 1: , line 8, column (c) (see instructio	If (loss), enter -0- in log 222(5) and (6): ons). If (loss), enter -0	Part I, line 7	3	61,636		
3 Net short-term capital gair If gain, also enter in Part I in Part I, line 8 Part V Qualification Und	(net capital loss) { n or (loss) as defined in sections 1: , line 8, column (c) (see instructio	If (loss), enter -0- in log 222(5) and (6): ons). If (loss), enter -0	Part I, line 7	3	61,636		
3 Net short-term capital gair If gain, also enter in Part I in Part I, line 8 Part V Qualification Und SECTION 4940(e) REPEALE	(net capital loss) { n or (loss) as defined in sections 1: , line 8, column (c) (see instructio	If (loss), enter -0- in log 222(5) and (6): ons). If (loss), enter -0	Part I, line 7	3	61,636		
3 Net short-term capital gair If gain, also enter in Part I in Part I, line 8 Part V Qualification Und SECTION 4940(e) REPEALE 1 Reserved (a)	(net capital loss) or (loss) as defined in sections 1: , line 8, column (c) (see instructio	If (loss), enter -0- in 222(5) and (6): ons). If (loss), enter -0 duced Tax on Net - DO NOT COMPL (c)	Part I, line 7	3 (d)	61,636		
3 Net short-term capital gair If gain, also enter in Part I in Part I, line 8 Part V Qualification Und SECTION 4940(e) REPEALE 1 Reserved (a)	(net capital loss) or (loss) as defined in sections 1: , line 8, column (c) (see instructio	If (loss), enter -0- in 222(5) and (6): ons). If (loss), enter -0 duced Tax on Net - DO NOT COMPL (c)	Part I, line 7	3 (d)	61,636		
3 Net short-term capital gair If gain, also enter in Part I in Part I, line 8 Part V Qualification Und SECTION 4940(e) REPEALE 1 Reserved (a)	(net capital loss) or (loss) as defined in sections 1: , line 8, column (c) (see instructio	If (loss), enter -0- in 222(5) and (6): ons). If (loss), enter -0 duced Tax on Net - DO NOT COMPL (c)	Part I, line 7	3 (d)	61,636		
3 Net short-term capital gain If gain, also enter in Part I in Part I, line 8 Part V Qualification Und SECTION 4940(e) REPEALE 1 Reserved (a) Reserved	(net capital loss) or (loss) as defined in sections 1: , line 8, column (c) (see instructio	If (loss), enter -0- in lace 222(5) and (6): ons). If (loss), enter -0- in lace 222(5) and (6): ons). If (loss), enter -0- in lace 222(5) and (loss). If (loss), enter -0- in lace 222(5) enter -0-	Part Î, line 7	3 (d)	61,636		
3 Net short-term capital gain If gain, also enter in Part I in Part I, line 8 Part V Qualification Und SECTION 4940(e) REPEALE 1 Reserved (a) Reserved	(net capital loss) or (loss) as defined in sections 1: , line 8, column (c) (see instructio control of the column (c) (see instructio der Section 4940(e) for Rec D ON DECEMBER 20, 2019 (b) Reserved	If (loss), enter -0- in 222(5) and (6): ons). If (loss), enter -0 duced Tax on Net - DO NOT COMPL (c) Reserved	Part Î, line 7	3 (d)	61,636		
3 Net short-term capital gain If gain, also enter in Part I in Part I, line 8 Part V Qualification Und SECTION 4940(e) REPEALE 1 Reserved (a) Reserved 2 Reserved	(net capital loss) or (loss) as defined in sections 1: , line 8, column (c) (see instruction	If (loss), enter -0- in 222(5) and (6): ons). If (loss), enter -0 duced Tax on Net - DO NOT COMPL (c) Reserved	Part I, line 7 } Investment In ETE 2 3	3 (d)	61,636		
3 Net short-term capital gair If gain, also enter in Part I in Part I, line 8 Part V Qualification Und SECTION 4940(e) REPEALE 1 Reserved (a) Reserved 2 Reserved	(net capital loss) or (loss) as defined in sections 1: , line 8, column (c) (see instruction of the column (c) (see instruction (c) (see instruction of the column (c) (see instruction (c) (see instruction (c) (see instruction (c) (see instruction (c) (see inst	If (loss), enter -0- in 222(5) and (6): ons). If (loss), enter -0 duced Tax on Net - DO NOT COMPL (c) Reserved	Part I, line 7 } Investment In	3 (d)	61,636		
3 Net short-term capital gair If gain, also enter in Part I in Part I, line 8 Part V Qualification Und SECTION 4940(e) REPEALE 1 Reserved (a) Reserved 2 Reserved 3 Reserved 4 Reserved	(net capital loss) or (loss) as defined in sections 1: , line 8, column (c) (see instruction column) der Section 4940(e) for Record DON DECEMBER 20, 2019 (b) Reserved	If (loss), enter -0- in 222(5) and (6): ons). If (loss), enter -0 duced Tax on Net - DO NOT COMPL (c) Reserved	Part I, line 7	3 (d)	61,636		
3 Net short-term capital gain If gain, also enter in Part I in Part I, line 8 Part V Qualification Und SECTION 4940(e) REPEALE 1 Reserved (a) Reserved 2 Reserved 3 Reserved 4 Reserved 5 Reserved 6 Reserved	(net capital loss) or (loss) as defined in sections 1: , line 8, column (c) (see instruction of the section 4940(e) for Red D ON DECEMBER 20, 2019 (b) Reserved	If (loss), enter -0- in 222(5) and (6): ons). If (loss), enter -0 duced Tax on Net - DO NOT COMPL (c) Reserved	Part I, line 7 } Investment In ETE 2 3 4 6	3 (d)	61,636		
3 Net short-term capital gain If gain, also enter in Part I in Part I, line 8 Part V Qualification Und SECTION 4940(e) REPEALE 1 Reserved (a) Reserved 2 Reserved 3 Reserved 4 Reserved 5 Reserved 6 Reserved 7 Reserved	(net capital loss) of or (loss) as defined in sections 1: , line 8, column (c) (see instruction) der Section 4940(e) for Red D ON DECEMBER 20, 2019 (b) Reserved	If (loss), enter -0- in 222(5) and (6): ons). If (loss), enter -0 duced Tax on Net - DO NOT COMPL (c) Reserved	Part I, line 7 } Investment In ETE	3 (d)	61,636		

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Par	t VII-B	Statements Regard	ling	Activities for Which	Form 4720 May Be	Required (continued)						
5a	During the	e year did the foundation	oay o	y or incur any amount to:								
	(1) Carry	on propaganda, or otherv	vise a	se attempt to influence legislation (section 4945(e))?								
	(2) Influe	nce the outcome of any s	pecific	ecific public election (see section 4955); or to carry								
	on, di	rectly or indirectly, any vo	ter re	gistration drive?	No							
(3) Provide a grant to an individual for travel, study, or other similar purposes?												
(4) Provide a grant to an organization other than a charitable, etc., organization described							NO					
	in sec	tion 4945(d)(4)(A)? See ii	nstruc	ctions		· · □ v ☑	No					
	(5) Provid	de for any purpose other t	han r	eligious, charitable, scien	tific, literary, or	· ·	NO					
	educa	tional purposes, or for the	prev	ention of cruelty to childr	en or animals?		No					
b	If any ans	wer is "Yes" to 5a(1)-(5),	did a	iny of the transactions fa	il to qualify under the ex	cceptions described in	No					
		ns section 53.4945 or in a		=			5b					
	_	ions relying on a current r										
С		wer is "Yes" to question 5										
		se it maintained expenditu			•							
		ttach the statement requi				· ·	No					
6a		undation, during the year.		=		ims on						
o u		I benefit contract?		, , ,	mancedy, to pay premi							
b	•	undation, during the year,			irectly on a personal be	· Lefit contract?	No 6b		No			
_		6b, file Form 8870.	puy	premiums, an ectry or ma	meeny, on a personal be	nent contract. I I I I	05		110			
7a		•	c the	foundation a party to a n	rohibited tay shelter tra	nsaction?						
	•	- · · · ·		he foundation a party to a prohibited tax shelter transaction? Yes Proceeds or have any net income attributable to the transaction?								
8	•	ndation subject to the sec		,			7b	+	_			
Ü		rachute payment during t										
	excess pa								<u> </u>			
Par	t VIII	and Contractors	Offic	ers, Directors, Trust	ees, Foundation Ma	anagers, Highly Paid Er	nployees	5,				
1	List all of	ficers, directors, truste			•		Т					
	(a) Na	ame and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and	(e) Expe					
	(4) 110	and dadress		devoted to position	-0-)	deferred compensation	other	allowan	ces			
SUBH	ASH GUPTA		MANA	AGER	0	(
	RBORVIEW D		6.00									
	Land, TX 77	74795851										
	INI GUPTA		MANA 5.00	AGER	0)		0			
	RBORVIEW [Land, TX 77											
			id en	ployees (other than t	nose included on line :	L—see instructions). If no	ne, enter	"NONE	."			
						(d) Contributions to						
(a) [address of each employee	paid	(b) Title, and average hours per week	(c) Compensation	employee benefit	(e) Expe					
	m	ore than \$50,000		devoted to position	(-)	plans and deferred	other a	llowanc	es			
NONE	<u> </u>					compensation						
IVONE	•											
Tota	l number o	f other employees paid ov	er \$5	0,000					0			

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Part VIII Information About Officers, Directors, Truste and Contractors (continued)	es, Foundation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional se	ervices (see instructions). If none, enter "NOI	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of abless receiving even #50,000 for professional continue		
Total number of others receiving over \$50,000 for professional services. Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include organizations and other beneficiaries served, conferences convened, research papers		Expenses
1 CONTRIBUTING TO VARIOUS 501C3ORGANISATIONS AND INDIVIDUA RELIGOUS ACTIVITIES	ALS INVOLVED IN EDUCATIONALSOCIAL AND	77,634
2		
3		
4		
		_
Part IX-B Summary of Program-Related Investments (A
Describe the two largest program-related investments made by the foundation du 1 STOCKS TRADED IN THE STOCK EXCHANGE SOLD TO FUND ACTIVIT:	-	Amount 77,090
2	ILS IN ACCOMDANCE WITH THE BIE-LAWS	77,090
All other program-related investments. See instructions. 3		
Total. Add lines 1 through 3		77,090
		Form 990-PF (2020)

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2a |

2b

organizations check here

and do not complete this part.)

Tax on investment income for 2020 from Part VI, line 5.

Income tax for 2020. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Page 8

1.501

857

644

644

644

77,090

77,090

77.090

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2c

3

4

5

6

7

1a

1b

2

3a 3b

4

5

Form 990-PF (2020)

Part XI

1

2a

3

4 5

6

1

2

3

4

5

b

Part XII

a From 2015. **b** From 2016. c From 2017. . . . d From 2018.

e From 2019.

f Total of lines 3a through e.

d Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016. . . **b** Excess from 2017. .

c Excess from 2018. . . .

d Excess from 2019. . .

e Excess from 2020. . .

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ a Applied to 2019, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). 644

644

2020

Form	990-PF	(20
Pa	rt XII	

990-PF (20	020)	
art XIII	Undistributed Income	(see instructions)

- 1 Distributable amount for 2020 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2020:
- a Enter amount for 2019 only. **b** Total for prior years: 20______, 20______ 3 Excess distributions carryover, if any, to 2020:

61.865 96,231

61.865

96.231

76.446

- Corpus

158.096

76.446

234,542

234,542

(a)

Years prior to 2019

(b)

(c)

2019

ı,	art XIV	Private Operating Found	ations (see instr	uctions and Part V	II-A, question 9)		
1a		dation has received a ruling or det n, and the ruling is effective for 20			rating		
b	Check box	to indicate whether the organizati	on is a private oper	ating foundation des	cribed in section \Box] 4942(j)(3) or □] 4942(j)(5)
2a		esser of the adjusted net	Tax year		Prior 3 years		(e) Total
		om Part I or the minimum t return from Part X for each	(a) 2020	(b) 2019	(c) 2018	(d) 2017	(e) Iotai
		· · · · · · · · · · · · · · · · · · · ·					
b	85% of lin	e 2a					
С		distributions from Part XII, each year listed					
d		ncluded in line 2c not used ractive conduct of exempt					
е	for active of	distributions made directly conduct of exempt activities. ne 2d from line 2c					
3		a, b, or c for the test relied upon:					
а	"Assets" al	ternative test—enter:					
	. ,	of all assets					
		of assets qualifying section 4942(j)(3)(B)(i)					
b		ent" alternative test— enter 2/3					
		im investment return shown in					
c	•	e 6 for each year listed alternative test—enter:					
-		support other than gross					
		ment income (interest,					
		ends, rents, payments curities loans (section					
)(5)), or royalties)					
		ort from general public or more exempt					
		nizations as provided in					
		n 4942(j)(3)(B)(iii)					
		st amount of support an exempt organization					
		investment income					
Рa		upplementary Information			foundation had s	\$5,000 or more	in
1	a:	ssets at any time during the on Regarding Foundation Mana		ructions.)			
	List any ma	anagers of the foundation who have close of any tax year (but only if	e contributed more	than 2% of the total ed more than \$5,000	l contributions receiv	ved by the foundatio (d)(2).)	n
	SUBHASH	C GUPTA					
b		anagers of the foundation who own of a partnership or other entity) o				arge portion of the	
2		on Regarding Contribution, Gra	ant, Gift, Loan, Scl	holarship, etc., Pro	grams:		
	unsolicited	e ▶ ☐ if the foundation only mak d requests for funds. If the foundar ditions, complete items 2a, b, c, ar	tion makes gifts, gra	ants, etc. to individua	e organizations and als or organizations	does not accept under	
a	The name,	address, and telephone number o	or email address of t	the person to whom	applications should l	be addressed:	
	See Addit	ional Data Table					
b	The form i	n which applications should be sub	omitted and informa	tion and materials th	ney should include:		
	See Addit	ional Data Table					
С	Any submi	ssion deadlines:					
	See Addit	ional Data Table					
d	Any restrice factors:	ctions or limitations on awards, suc	ch as by geographic	al areas, charitable f	ields, kinds of institu	utions, or other	

See Additional Data Table

Form 990-PF (2020)				Page 11
Part XV Supplementary Informa	ition (continued)			
3 Grants and Contributions Paid	During the Year or Appro	oved for Futur	e Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year				
See Additional Data Table				
Total			▶ 3a	77,634
b Approved for future payment				_
Total			▶ 3b	0

Form **990-PF** (2020)

Enter gros	s amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Program	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
-	and contracts from government agencies					
	ership dues and assessments					
	st on savings and temporary cash					
investr	ments	523000				
4 Divide	nds and interest from securities	523000				
	ntal income or (loss) from real estate:					
	-financed property					
	debt-financed property					
	ntal income or (loss) from personal property					
	investment income					
invent	r (loss) from sales of assets other than					
	come or (loss) from special events:					
	profit or (loss) from sales of inventory					
	revenue: a					
с						
d						
е						
e L 2 Subtot	cal. Add columns (b), (d), and (e).					
e l 2 Subtot . 3 Total.	al. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e).			1	3	
e I.2 Subtot I.3 Total. (See w	cal. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcul	lations.)			3	
e I.2 Subtot I.3 Total. (See w	cal. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calculated in the columns of activities to the columns.	lations.) e Accomplisi	nment of Exem	pt Purposes		
e2 Subtot 3 Total. (See w Part XV	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated I-B Relationship of Activities to th Explain below how each activity for which	lations.) e Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	uted importantly to	
e2 Subtot 3 Total. (See w Part XV	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated. Felationship of Activities to the supplies that the accomplishment of the foundation's expectation.	lations.) e Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	uted importantly to	
e2 Subtot 3 Total. (See w Part XV Line No.	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated I-B Relationship of Activities to th Explain below how each activity for which	lations.) e Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	uted importantly to	
e2 Subtot 3 Total. (See w Part XV Line No.	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated. Felationship of Activities to the supplies that the accomplishment of the foundation's expectation.	lations.) e Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	uted importantly to	
e2 Subtot 3 Total. (See w Part XV Line No.	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Felationship of Activities to the supplies that the accomplishment of the foundation's expectation.	lations.) e Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	uted importantly to	
e2 Subtot 3 Total. (See w Part XV Line No.	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Felationship of Activities to the supplies that the accomplishment of the foundation's expectation.	lations.) e Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	uted importantly to	
e2 Subtot 3 Total. (See w Part XV Line No.	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Felationship of Activities to the supplies that the accomplishment of the foundation's expectation.	lations.) e Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	uted importantly to	
e2 Subtot 3 Total. (See w Part XV Line No.	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Felationship of Activities to the supplies that the accomplishment of the foundation's expectation.	lations.) e Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	uted importantly to	
e2 Subtot 3 Total. (See w Part XV Line No.	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Felationship of Activities to the supplies that the accomplishment of the foundation's expectation.	lations.) e Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	uted importantly to	
e2 Subtot 3 Total. (See w Part XV Line No.	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Felationship of Activities to the supplies that the accomplishment of the foundation's expectation.	lations.) e Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	uted importantly to	
e2 Subtot 3 Total. (See w Part XV Line No.	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Felationship of Activities to the supplies that the accomplishment of the foundation's expectation.	lations.) e Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	uted importantly to	
e2 Subtot 3 Total. (See w Part XV Line No.	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Felationship of Activities to the supplies that the accomplishment of the foundation's expectation.	lations.) e Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	uted importantly to	
e2 Subtot 3 Total. (See w Part XV Line No.	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Felationship of Activities to the supplies that the accomplishment of the foundation's expectation.	lations.) e Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	uted importantly to	
e2 Subtot 3 Total. (See w Part XV Line No.	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Felationship of Activities to the supplies that the accomplishment of the foundation's expectation.	lations.) e Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	uted importantly to	
e2 Subtot 3 Total. (See w Part XV Line No.	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Felationship of Activities to the supplies that the accomplishment of the foundation's expectation.	lations.) e Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	uted importantly to	
e2 Subtot 3 Total. (See w Part XV Line No.	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Felationship of Activities to the supplies that the accomplishment of the foundation's expectation.	lations.) e Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	uted importantly to	
e 2 Subtot 3 Total. (See w Part XV	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Felationship of Activities to the supplies that the accomplishment of the foundation's expectation.	lations.) e Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	uted importantly to	
e2 Subtot 3 Total. (See w Part XV Line No.	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Felationship of Activities to the supplies that the accomplishment of the foundation's expectation.	lations.) e Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	uted importantly to	
e 2 Subtot 3 Total. (See w Part XV	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Felationship of Activities to the supplies that the accomplishment of the foundation's expectation.	lations.) e Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	uted importantly to	
e 2 Subtot 3 Total. (See w Part XV	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Felationship of Activities to the supplies that the accomplishment of the foundation's expectation.	lations.) e Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	uted importantly to	
e 2 Subtot 3 Total. (See w Part XV	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Felationship of Activities to the supplies that the accomplishment of the foundation's expectation.	lations.) e Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	uted importantly to	
e 2 Subtot 3 Total. (See w Part XV	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Felationship of Activities to the supplies that the accomplishment of the foundation's expectation.	lations.) e Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	uted importantly to	
e2 Subtot 3 Total. (See w Part XV Line No.	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Felationship of Activities to the supplies that the accomplishment of the foundation's expectation.	lations.) e Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	uted importantly to	
e2 Subtot 3 Total. (See w Part XV Line No.	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Felationship of Activities to the supplies that the accomplishment of the foundation's expectation.	lations.) e Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	uted importantly to	

Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharita Exempt Organizations	able	
Did the ergan	ization directly or indirectly engage in any of the following with any other prespiration described in section E01		

		Exempt Organi	zations										
		janization directly or in than section 501(c)(3)								ion 501		Yes	No
a Tra	ınsfers f	rom the reporting foun	dation to a no	oncharitable	e ex	empt organizatio	n o	f:					
(1)) Cash.									· [:	1a(1)		No
(2)) Other	assets								· [1a(2)		No
b Oth	ner trans	sactions:											
		of assets to a nonchar	•	-						:	1b(1)		No
(2)) Purch	ases of assets from a r	oncharitable	exempt org	janiz	zation				[:	1b(2)		No
(3)) Renta	l of facilities, equipmer	nt, or other as	ssets						[:	1b(3)		No
(4)) Reimb	oursement arrangemen	ts							. [:	1b(4)		No
(5)) Loans	or loan guarantees.								· [:	1b(5)		No
(6)) Perfori	mance of services or m	embership or	fundraising	g sol	icitations				. [1b(6)		No
c Sha	aring of	facilities, equipment, n	nailing lists, c	ther assets	, or	paid employees.				· L	1c		No
of t	the good	ver to any of the above ds, other assets, or ser saction or sharing arra	vices given by	y the report	ting	foundation. If the	e fo	oundation receive	d less than fair mar	rket value			
(a) Line	e No.	(b) Amount involved	(c) Name of	noncharitable	exe	mpt organization		(d) Description of	transfers, transactions	, and shari	ng arrar	ngemen	ts
		dation directly or indire	•	•		•							
		n section 501(c) (other		501(c)(3))	or i	in section 527? .	•			es 🛂	No		
b If "	Yes," co	emplete the following s											
		(a) Name of organization	on		(1	b) Type of organizat	tion	1	(c) Description	n of relation	ship		
		er penalties of perjury, y knowledge and belief											
	whic	h preparer has any kno		mect, and t	CO111	picte. Deciaration	11 01	i preparer (outer	chair caxpayer / IS D	useu UII d		mation	1 01
Sign		****	-					*****		May the	IRS dis	cuss th	nis
Here	2	****				2021-05-08		*****		return	e prepar	or chow	vn
								— P 		below	- prepar	el silon	VII
		Signature of officer or t	rustee			Date		' Title		(see ins	str.)	Yes ☑	[∄] No
	1	D.i. L/T		D	<u></u>			_					
		Print/Type preparer's	name	Preparer's	ыgr	іасиге		Date	Check if self-	PTIN			
									employed ▶ ☑	F	01308	907	
Paid		VIPUL WORAH						2021-08-30	' '				
	arer	Finale near- N. ACDI	IL MACRALL C.	D. A.									
_	Only	Firm's name ► VIPU	IL WORAH C I	r A						Firm's EII	N ► 76-	01302	263
	~···/	Firm's address ▶ 64	20 HILLCROF	T ST STE 2	18								
										Phone no	. (713)	995-5	5950
		Ho	ouston, TX 7	/081							()		
		I											

F	orm 990	PF Part XV	Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
Γ	a The n	ame, address	, and telephone number of the person to whom applications should be addressed:
	40 HA Sugar	ASH C GUPTA RBORVIEW DI Land, TX 774 565-6687	R
Γ	b The fo	rm in which a	pplications should be submitted and information and materials they should include:

NO DEADLINE **d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

THE BOARD DECIDES WHETHER THE CHARITABLE ORGANIZATION MEETS THE REQUIREMENT OF THE BYE-LAWSOF THIS NON PROFIT

ORGANIZATION.AFTER A CAREFUL CONSIDERATION, THE CONTRIBUTION IS MADE.

c Any submission deadlines:

THERE ARE NO RESTRICTIONS AS LONG AS THE CHARITABLE ORGANIZATION MEETS THE BYE-LAWS TESTOF QUALIFICATION.

orr	m 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs
а	The name, address, and telephone number of the person to whom applications should be addressed:
	SUBHASH C GUPTA 40 HARBORVIEW DRIVE Sugar Land, TX 77479 (281) 565-6687
b	The form in which applications should be submitted and information and materials they should include:
	APPLICANT SHOULD STATE REASONS WHY HE/SHE DESERVES A GRANT, BE IT TUITION HELP OR ANY OTHER HELP.
C	Any submission deadlines:
	NONE
d	Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

THE GRANT IS SUBJECT INDIVIDUALS PERFORMANCE IN SCHOOL OR GRADES. THERE IS NO RESTRICTION ON ANY INDIVIDUALS RACE, GENDER OR NATIONAL ORIGIN.

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount

Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	
a Paid during the year				

Texas Southern University 3100 Cleburne St	NONE	TUITION	
Houston, TX 77004			

Houston, TX 77004				
EKAL OF AMERICA 1712 HWY 6 SOUTH STE A	NONE	EOF	CHARITABLE	

Total .

Houston, TX 77004				
EKAL OF AMERICA 1712 HWY 6 SOUTH STE A Houston, TX 77077	NONE	EOF	CHARITABLE	21,100

2,999

77,634

▶ 3a

EKAL OF AMERICA 1712 HWY 6 SOUTH STE A Houston, TX 77077	NONE	EOF	CHARITABLE	21,100
SPANISH BIBLE SOCIETY	NONE	EOF	RELIGIOUS	1,000

1712 HWY 6 SOUTH STE A Houston, TX 77077				,
SPANISH BIBLE SOCIETY	NONE	EOF	RELIGIOUS	1,000

Houston, TX 77077				
SPANISH BIBLE SOCIETY 12425 WEST BELLFORT BLVD	NONE	EOF	RELIGIOUS	1,000

SPANISH BIBLE SOCIETY	NONE	EOF	RELIGIOUS	1,000
12425 WEST BELLFORT BLVD				
Sugar Land, TX 77478				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

·	or substantial contributor			
a Paid during the year				
THU NGOC DANG 8530 VILLAGE ROSE LANE	NONE	I	CORONA HELP	250

Houston, TX 77072				
MATILDA1402 SOUTHMOOR DR Arlington, TX 76010	NONE	EOF	ANIMAL PROTECTION AND WELFARE OF ANIMALS	500

MATILDA1402 SOUTHMOOR DR Arlington, TX 76010	NONE	EOF	ANIMAL PROTECTION AND WELFARE OF ANIMALS	500
INDIA HERALDP O Box 623 Sugar Land, TX 77487	NONE	I	CORONA HELP	250

INDIA HERALDP O Box 623 Sugar Land, TX 77487 NONE I CORONA HELP 250	Arlington, IX 76010			WELFARE OF ANIMALS	
		NONE	I	CORONA HELP	250

INDIA HERALDP O Box 623 Sugar Land, TX 77487	NONE	I	CORONA HELP	:
---	------	---	-------------	---

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

ANISH MISHRA CO SUBHASH GUPTA 40 HARBOR VIEW DR Sugar Land, TX 77479	NONE	I	CORONA HELP	501
DCF DHARMA CIVILIZATION	NONE	EOF	EDUCATIONALCULTURAL	10,000

Sugar Land, TX 77479				
DCF DHARMA CIVILIZATION 19010 TRIBUNE STREET Porter Ranch, CA 91326	NONE	EOF	EDUCATIONALCULTURAL	10,000
HINDU AMERICAN FOUNDATION 910 17TH STREET NW NO 316A Washington, DC 20006	NONE	EOF	RELIGIOUSCHARITABLE	5,001

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

Total .

NISHA CO SUBHASH GUPTA 40 HARBOR VIEW Sugar Land, TX 77479	NONE	I	TRAVEL SCHOLARSHIP	1,000
ARTHIRITIS FOUNDATION	NONE	EOF	MEDICAL RESEARCH	100

				_
ARTHIRITIS FOUNDATION 1355 Peachtree St NE 6th Suite Atlanta, GA 30309	NONE	EOF	MEDICAL RESEARCH	
ADTIUDITIC FOUNDATION	NONE	FOF	MEDICAL DECEADOU	

1355 Peachtree St NE 6th Suite Atlanta, GA 30309	HSS121 Hawthorne Ct	NONE	FOF	Charitable	5.0
ARTHIRITIS FOUNDATION I NONE LEOF L'MEDICAL RESEARCH L	1355 Peachtree St NE 6th Suite	NONE	EOF	MEDICAL RESEARCH	1

Atlanta, GA 30309				
HSS121 Hawthorne Ct	NONE	EOF	Charitable	5,00:

HSS121 Hawthorne Ct Rockaway, NJ 07866	NONE	EOF	Charitable	5,00
	THO INC.	201	Chartable	J,

▶ 3a

HSS121 Hawthorne Ct	NONE	EOF	Charitable	5,
Rockaway, NJ 07866				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

a Paid during the year				
MASALA RADIO2721 Fieldstone St Sugar Land, TX 77478	NONE	NC	PROMOTING CULTURAL HARMONYAND IMPARTING TRUE VA	1,000

			VA	
KALAKRITI PERFORMING ARTS 1903 Shooting Star Lane Southlake, TX 76092	NONE	EOF	Cultural	500
SANATAN SHIV SHAKTI TEMPLE	NONE	EOF	Religious and Cultural Awareness	2,100

Total	77,634			
SANATAN SHIV SHAKTI TEMPLE 6640 Harwin Dr Houston,TX 77036	NONE	EOF	Religious and Cultural Awareness	2,100
1903 Shooting Star Lane Southlake, TX 76092	NONE	EOF	Cultural	500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
MASALA RADIO2721 Fieldstone St Sugar Land, TX 77478	NONE	NC	PROMOTING CULTURAL HARMONY	7,020

Sugar Land, TX 77478	NONE	NC NC	HARMONY	7,020
SRI GAUDHIYA MATH TEMPLE SGGM 16628 Kieth Harrow Blvd	NONE	EOF	Charitable	1,001

SRI GAUDHIYA MATH TEMPLE SGGM 16628 Kieth Harrow Blvd Houston, TX 77084	NONE	EOF	Charitable	1,001
ASIA SOCIETY1370 Southmore Blvd	NONE	FOF	Cultural	90

16628 Kieth Harrow Blvd Houston, TX 77084	NONE	EUF	Charitable	1,001
ASIA SOCIETY1370 Southmore Blvd	NONE	EOF	Cultural	90

Houston, TX 77084				
ASIA SOCIETY1370 Southmore Blvd Houston, TX 77004	NONE	EOF	Cultural	90

ASIA SOCIETY1370 Southmore Blvd Houston, TX 77004	NONE	EOF	Cultural	90

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
MASALA RADIO2721 Fieldstone St Sugar Land, TX 77478	NONE	NC	PROMOTING CULTURAL HARMONYAND IMPARTING TRUE VA	1,000

			VA	
MASALA RADIO2721 Fieldstone St Sugar Land, TX 77478	NONE	NC	PROMOTING CULTURAL HARMONYAND IMPARTING TRUE VA	1,0

MASALA RADIO2/21 Fieldstone St Sugar Land, TX 77478	NONE	NC	PROMOTING CULTURAL HARMONYAND IMPARTING TRUE VA	1,000
AIF AM INDIA FDN216 E 45th St	NONE	EOF	Cultural	500

Sugar Land, IX 77470			VA	
AIF AM INDIA FDN216 E 45th St New York, NY 10017	NONE	EOF	Cultural	500

77,634

■ 3a

AIF AM INDIA FDN216 E 45th St New York, NY 10017	NONE	EOF	Cultural	5
---	------	-----	----------	---

AIF AM INDIA FDN216 E 45th St	NONE	EOF	Cultural	
New York, NY 10017				

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial continuator			
a Paid during the year				
MAN CHANG2402 N FERRISBURG CT	NONE	I	CORONA HELP	100

ugar Land, TX 77478	NONE	•	CONCONTANTE	
HA INTL HINDI ASSCN	NONE	EOF	Educational Cultural	

IHA INTL HINDI ASSCN	NONE	EOF	Educational Cultural	
4505 Oak Hollow Ct				
Carrollton, TX 75010				

1				-1	
	IHA INTL HINDI ASSCN 4505 Oak Hollow Ct Carrollton, TX 75010	NONE	EOF	Educational Cultural	500
1	I TUA TATI UTADI ASSCAI	LNONE	LEGE	l Educational Cultural	500

Carrollton, TX 75010				
VHP SUPPORT A CHILDPO Box 2009	NONE	EOF	Charitable	1,000

Carrolloll, IX 75010				
VHP SUPPORT A CHILDPO Box 2009 Natick, MA 01760	NONE	EOF	Charitable	1,000

VHP SUPPORT A CHILDPO Box 2009	NONE	EOF	Charitable	1
Natick, MA 01760				

Natick, MA 01760		
Total	 ▶ 3a	77,634

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
DOCTORS WITHOUT BORDERS	NONE	EOF	Medical Charitable	500

DOCTORS WITHOUT BORDERS 40 Rector Street 16th FL New York, NY 10006	NONE	EOF	Medical Charitable	500
SHRINERS HOSPITAL 2900 Rocky Point Drive	NONE	EOF	Charitable	500

New York, NY 10006				
SHRINERS HOSPITAL 2900 Rocky Point Drive Tampa, FL 33607	NONE	EOF	Charitable	500
ST JUDE HOSPITAL	NONE	EOF	Charitable	500

SHRINERS HOSPITAL 2900 Rocky Point Drive Tampa, FL 33607	NONE	EOF	Charitable	500
ST JUDE HOSPITAL 262 Danny Thomas Place Memphis, TN 38105	NONE	EOF	Charitable	500

Tampa, FL ² 33607				
ST JUDE HOSPITAL 262 Danny Thomas Place Memphis, TN 38105	NONE	EOF	Charitable	500
Total			▶ 3a	77,634

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
PBS4343 Elgin St Houston, TX 77004	NONE	EOF	Charitable	500

Houston, TX 77004				
AKSHYA PATRA 6800 Owenmouth Avenue Suite 230 Canoga Park, CA 91303	NONE	EOF	Cultural	250

6800 Owenmouth Avenue Suite 230 Canoga Park, CA 91303	NONE	LOI	Cultural	230
FEEDING AMERICA 161 North Clark Street Suite 700	NONE	EOF	Charitable	250

Canoga Park, CA 91303				
FEEDING AMERICA 161 North Clark Street Suite 700	NONE	EOF	Charitable	250

FEEDING AMERICA	NONE	EOF	Charitable	250
161 North Clark Street Suite 700				1
Chicago, IL 60601				

FEEDING AMERICA	NONE	EOF	Charitable	250
161 North Clark Street Suite 700 Chicago, IL 60601				
Chicago, IL 60601				

Chicago, IL 60601		
Total	 ▶ 3a	77,634

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
HOUSTON FOOD BANK535 Portwall St Houston, TX 77029	NONE	EOF	Charitable	500
DAI/CHANA EDN	NONE	FOF	Chit-lel-	F00

Houston, IX 77029				
DAKSHANA FDN 1220 Roosevelt Blvd Ste 200 Irvine, CA 92620	NONE	EOF	Charitable	500
WOUNDED WARRIOR PROJECT	NONE	EOF	Charitable	70

1220 Roosevelt Blvd Ste 200 Irvine, CA 92620	NONE	EOF	Charitable	500
WOUNDED WARRIOR PROJECT 2200 Space Park Dr Suite 100	NONE	EOF	Charitable	70

Irvine, CA 92620				
WOUNDED WARRIOR PROJECT 2200 Space Park Dr Suite 100	NONE	EOF	Charitable	70
Houston TV 77059				

WOUNDED WARRIOR PROJECT	NONE	EOF	Charitable	
2200 Space Park Dr Suite 100				
Houston, TX 77058				i

Houston, IX //058		
Total	 ▶ 3a	77,634

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
MARCH OF DIMES 5420 Dashwood Dr No 302	NONE	EOF	Charitable	100

5420 Dashwood Dr No 302 Houston, TX 77081				
SUSAN KOMEN CANCER FDN Dept 41831 P O Box 650309 Dallas, TX 75265	NONE	EOF	Cancer Research	250

SUSAN KOMEN CANCER FDN Dept 41831 P O Box 650309 Dallas, TX 75265	NONE	EOF	Cancer Research	250
LEUKEMIA AND LYMPHONA SOC 5433 Westheimer Rd Ste 300 Houston, TX 77056	NONE	EOF	Charitable	100

Dallas, TX 75265				
LEUKEMIA AND LYMPHONA SOC 5433 Westheimer Rd Ste 300 Houston, TX 77056	NONE	EOF	Charitable	100
Total			> 3a	77,634

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Daid during the year

Total .

SVVASA1000 West Oak Mall Suite 225	NONE		EducationalCultural	1 000
ARTHIRITIS FDN 1355 Peachtree St NE 6th Suite Atlanta, GA 30309	NONE	EOF	Charitable	100
a Faid during the year				

1355 Peachtree St NE 6th Suite Atlanta, GA 30309				
SVYASA1000 West Oak Mall Suite 325 Houston, TX 77082	NONE		EducationalCultural	1,000
MD ANDERSON CANCER CTR	NONE	EOF	Medical Research Educational	500

SVYASA1000 West Oak Mall Suite 325 Houston, TX 77082	NONE		EducationalCultural	1,000
MD ANDERSON CANCER CTR 1515 Holcombe Blvd	NONE	EOF	Medical Research Educational	500

SVYASA1000 West Oak Mall Suite 325 Houston, TX 77082	NONE		EducationalCultural	1,00
MD ANDERSON CANCER CTR 1515 Holcombe Blvd	NONE	EOF	Medical Research Educational	50

Houston, IX 77082				
MD ANDERSON CANCER CTR 1515 Holcombe Blvd Houston, TX 77030	NONE	EOF	Medical Research Educational	500

1515 Holcombe Blvd		
Houston, TX 77030		

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
KALAKRITI PERFORMING ARTS	NONE	EOF	Cultural	3,000

1903 Shooting Star Lane Southlake, TX 76092				
VEDANTA INSTITUTE715 Fairpark Ln	NONE	EOF	CulturalEducational	501

VEDANTA INSTITUTE715 Fairpark Ln Sugar Land, TX 77479	NONE	EOF	CulturalEducational	501
SEWA INTLP O Box 820867	NONE	EOF	Charitable	5,000

VEDANTA INSTITUTE715 Fairpark Ln Sugar Land, TX 77479	NONE	EOF	CulturalEducational	50:
SEWA INTLP O Box 820867	NONE	EOF	Charitable	5,000

Sugar Land, TX 77479				
SEWA INTLP O Box 820867 Houston, TX 77282	NONE	EOF	Charitable	5,000

T			. .	77.624
SEWA INTLP O Box 820867 Houston, TX 77282	NONE	EOF	Charitable	5,000

Houston, TX 77282		<u> </u>
Total	► Ra	77 634

As Filed Data -	DLN: 93491245003171
chedule	

Name: SUBHASH AND SAROJ CHARITABLE FOUNDATION

FTN-	20-2034851

EII. 20	2034031		
Investments Other Schedule 2			1
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
EQUITIES AND MUTUAL FUNDS		0	0
250 SHARES OF FACEBOOK		0	68,290
FIDELITY GOV MONEY MARKET		0	13,027
ML BANK DEPOSIT PROGRAM		0	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491245003171				
TY 2020 Other Expenses Schedule								
Namo	SUBHASH AND	SAROJ CHARITA	RI E FOLINDATION	N.				
		SAROJ CHARITAL	DEL I OUNDATIO	V				
EIN:	20-2034851							
Other Expenses Schedule								
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
INVESTMENT FEES	245	0	0	0				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491245003171			
TY 2020 Other Increases Schedule						
Name:	SUBHASH AND	SAROJ CHARITABLE FOUND	ATION			
EIN:	20-2034851					
Other Increases Schedule			1			
De	escription		Amount			
ERROR OF APPROXIMATION			1			

efile GRAP	efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491245003171						1245003171				
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2020 Other Notes/Loans Receivable Long Schedule											
	Name: SUBHASH AND SAROJ CHARITABLE FOUNDATION EIN: 20-2034851										
Borrower's Name	Relationship to Insider	Original Amount of Loan	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
SANDEEP BERRY	NONE	26,000	23,000	2020-10	2021-10	NONE	0 %		HELP OVERCOME PANDEMIC RELATED CASH FLOW PROBLEMS	CASH	23,000

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491245003171		
TY 2020 Substantial Contributors					
Schedule					
Name: SUBHASH AND SAROJ CHARITABLE FOUNDATION					
EIN: 20-2034851					
Name Address					
SUBHASH GUPTA			40 HARBORVIEW DRIVE		
SUBHASH GUFTA			Sugar Land, TX 77479		

efile GRAPHIC print - DO	NOT PROCESS As Filed Data	-		DLN: 93491245003171				
Schedule B	Schee	dule of Contributors		OMB No. 1545-0047				
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		to Form 990, 990-EZ, or 990-PF. .gov/Form990 for the latest inform	nation.	2020				
Name of the organization SUBHASH AND SAROJ CHA	RITABLE FOUNDATION		Employer i	dentification number				
Organization type (chec	k one):		20-2034851					
	,							
Filers of:	Section:							
Form 990 or 990-EZ	501(c)() (enter number) organization							
	4947(a)(1) nonexempt ch	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	☐ 527 political organization							
Form 990-PF	✓ 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	ion filing Form 990, 990-EZ, or 990 property) from any one contributor.							
Special Rules								
under sections 50 received from any	on described in section 501(c)(3) fil 9(a)(1) and 170(b)(1)(A)(vi), that c one contributor, during the year, t 1h, or (ii) Form 990-EZ, line 1. Co	hecked Schedule A (Form 990 otal contributions of the greater	or 990-EZ), Part II, line 13,	16a, or 16b, and that				
during the year, to	on described in section 501(c)(7), (a tal contributions of more than \$1,0 ne prevention of cruelty to children	000 exclusively for religious, cha	aritable, scientific, literary, o					
during the year, could be during the year, could be during the year, could be during the year.	on described in section 501(c)(7), (contributions exclusively for religious ked, enter here the total contribution mplete any of the parts unless the le, etc., contributions totaling \$5,00	s, charitable, etc., purposes, buns that were received during the General Rule applies to this or	it no such contributions tota e year for an e <i>xclusively</i> re ganization because it rece	aled more than \$1,000. eligious, charitable, etc., ived <i>nonexclusively</i>				
990-EZ, or 990-PF), but it	that isn't covered by the General I must answer "No" on Part IV, line rt I, line 2, to certify that it doesn't r	2, of its Form 990; or check th	e box on line H of its Form					
For Paperwork Reduction Ac	t Notice, see the Instructions	Cat. No. 30613X	Schedule B (Form 990), 990-EZ, or 990-PF) (2020)				

for Form 990, 990-EZ, or 990-PF.

Employer identification number 20-2034851

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SUBHASH GUPTA		✓ Person
1	40 HARBORVIEW DRIVE	0.445.00	☐ Payroll
	Sugar Land, TX 77479	\$ 145,380	✓ Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	☐ Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
		\$	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	☐ Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	☐ Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		•	☐ Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
		Schedule B (Fo	rm 990, 990-EZ, or 990-PF) (2020)