

# Return of Organization Exempt From Income Tax

**2014**

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2014 calendar year, or tax year beginning** , 2014, and ending , 20

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p><b>C</b> Name of organization <b>Indo American Cultural and Religious Foundation</b></p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</p> <p><b>PO BOX 35275</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p><b>Phoenix, AZ 85069</b></p> <p><b>F</b> Name and address of principal officer:</p>	<p><b>D</b> Employer identification no.</p> <p><b>86-0620445</b></p> <p><b>E</b> Telephone number</p> <p><b>(623)930-9567</b></p> <p><b>G</b> Gross receipts\$</p> <p><b>840,762</b></p>
<p><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p><b>J</b> Website: ▶ <b>N/A</b></p> <p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p> <p><b>L</b> Year of formation: <b>1995</b> <b>M</b> State of legal domicile: <b>AZ</b></p>		
<p><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p><b>H(c)</b> Group exemption number ▶</p>		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>To provide a fellowship hall for members and guests and rental facility for associated groups and a location to hold religious and cultural meetings and gatherings.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>740</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>740</b>
<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	<b>3</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>40</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>65,206</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	<b>562,988</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	<b>0</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	<b>27</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	<b>109,128</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	<b>672,116</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	<b>0</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	<b>0</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	<b>90,509</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	<b>0</b>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b>	<b>16b</b>	<b>0</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b>	<b>341,673</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	<b>432,182</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	<b>239,934</b>
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	<b>4,949,491</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	<b>1,209,371</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	<b>3,740,120</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<p>▶ <b>Nate Bhadriraju</b> Signature of officer</p> <p>▶ <b>Nate Bhadriraju, President</b> Type or print name and title</p>	Date
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<b>Paid Preparer Use Only</b>	<p>Print/Type preparer's name <b>Selina Ashworth</b></p> <p>Firm's name ▶ <b>Selina J Ashworth CPA PLLC</b></p> <p>Firm's address ▶ <b>3514 N Power Road Ste 127 Mesa AZ 85215</b></p>	<p>Preparer's signature <b>Selina Ashworth</b></p> <p>Date <b>08-27-2015</b></p>	<p>Check <input checked="" type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN <b>P00968171</b></p> <p>Firm's EIN ▶ <b>480-945-0623</b></p> <p>Phone no. <b>480-945-0623</b></p>
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May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: To provide a fellowship hall for members and guests and rental facility for associated groups and a location to hold religious and cultural meetings and gatherings.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) Provides a facility for groups to hold religious and social events to further their causes.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	X	
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 . . . . .		X
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? If "Yes," complete Schedule C, Part II . . . . .		X
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 . . . . .		X
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 . . . . .		X
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 . . . . .		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
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 . . . . .		X
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 . . . . .		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		X
c	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 . . . . .		X
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 . . . . .		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		X
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 . . . . .		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .		X
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 . . . . .		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
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 . . . . .		X
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 . . . . .		X
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 . . . . .		X
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) . . . . .		X
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 . . . . .	X	
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 . . . . .		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
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 . . . . .		X
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 . . . . .		X
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 . . . . .		X
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 . . . . .		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		X
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 . . . . .		X
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 . . . . .		X
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 . . . . .		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		X
c	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 . . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		X
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 . . . . .		X
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 . . . . .		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
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 . . . . .		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
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 . . . . .		X
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 . . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), (11), (12a), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body... 8b Each committee... 9 Is there any officer, director, trustee...

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AZ
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: Nate Bhadriraju (623)930-9567, PO BOX 35275, Phoenix, AZ 85069

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

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Mahesh Patel Director	5.00	X					0	0	0	
(2) Lalit Patel Director	10.00	X					0	0	0	
(3) Kulbhushan Chhibber Director	3.00	X					0	0	0	
(4) Jai Seecharran Director	5.00	X					0	0	0	
(5) Bajarang Agrawal Director	3.00	X					0	0	0	
(6) Sangeetha Sethia Director	3.00	X					0	0	0	
(7) Dipen Patel Director	3.00	X					0	0	0	
(8) Jay Ankur Bansal Trustee Chairperson Legal Counsel	3.00	X					0	0	0	
(9) Ashok Patel Trustee Vice Chairperson	3.00	X					0	0	0	
(10) Dhiren Patel Trustee Vice Chairperson	3.00	X					0	0	0	
(11) Suru Patel Treasurer / Director	3.00	X		X			0	0	0	
(12) Srinivas Gottipati Publicity	3.00	X					0	0	0	
(13) Mahesh Shah Publicity	3.00	X					0	0	0	
(14) Dayaram Ahir Director	5.00	X					0	0	0	

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

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KN Jagannath Director	5.00	X					0	0	0	
(2) Nitin Jain Director	3.00	X					0	0	0	
(3) Charan Khurana Director	5.00	X					0	0	0	
(4) Achut Kumar Director	5.00	X					0	0	0	
(5) Jagan Lingamneni Director	5.00	X					0	0	0	
(6) Ramesh Narasimhan Director	5.00	X					0	0	0	
(7) Harish Parbhakar Director	5.00	X					0	0	0	
(8) Bipin Patel Director	5.00	X					0	0	0	
(9) Minaxi Patel Director	5.00	X					0	0	0	
(10) Kamlesh Patel Director	5.00	X					0	0	0	
(11) Jagdish Sagar Director	5.00	X					0	0	0	
(12) Gautam Shah Director	5.00	X					0	0	0	
(13) Subhash Thathi Director	5.00	X					0	0	0	
(14) Mamta Vijayasarathi Director	5.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Kalpana Batni Vice President	5.00			X			0	0	0	
(16) Vasu Atluri Vice President	5.00			X			0	0	0	
(17) Amrish Bhargava Secretary	5.00			X			0	0	0	
(18) Nate Bhadriraju President	5.00			X			0	0	0	
(19) Manish Gupta Vice President	5.00			X			0	0	0	
(20) Vikram Shah Publicity	3.00			X			0	0	0	
(21) Satyapal Mittal Vice President	3.00			X			0	0	0	
(22) Sudhir Kalra Secretary	3.00			X			0	0	0	
(23) Krishna Naidu Treasurer	3.00			X			0	0	0	
(24) Anil Shah Treasurer	3.00			X			0	0	0	
(25)										
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							0	0	0	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b> 96,234					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 455,280					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f . . . . .		551,514				
<b>Program Service Revenue</b>	<b>2a</b> _____ <b>Business Code</b>						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . .						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		27		27		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents . . . . .	(i) Real	81,459				
		(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .	66,185				
		<b>c</b> Rental income or (loss) . . . . .	15,274				
	<b>d</b> Net rental income or (loss) . . . . .		15,274	15,274			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .					
		<b>c</b> Gain or (loss) . . . . .					
	<b>d</b> Net gain or (loss) . . . . .						
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	207,762				
		<b>b</b> Less: direct expenses . . . . .	142,583				
<b>c</b> Net income or (loss) from fundraising events . . . . .			65,179		65,179		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
	<b>b</b> Less: direct expenses . . . . .						
	<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less: cost of goods sold . . . . .						
	<b>c</b> Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .							
<b>12 Total revenue.</b> See instructions . . . . .			631,994	15,274	65,206	0	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	65,145		65,145	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
<b>9</b> Other employee benefits . . . . .	4,862		4,862	
<b>10</b> Payroll taxes . . . . .	5,455		5,455	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	5,940		5,940	
<b>c</b> Accounting . . . . .	4,570		4,570	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .	2,647		2,647	
<b>12</b> Advertising and promotion . . . . .	9,550		9,550	
<b>13</b> Office expenses . . . . .				
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings . . . . .	1,318		1,318	
<b>20</b> Interest . . . . .	50,103		50,103	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	139,405		139,405	
<b>23</b> Insurance . . . . .	10,138		10,138	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Bank Charges	3,614		3,614	
<b>b</b> Postage	153		153	
<b>c</b> Program Supplies	18,661		18,661	
<b>d</b> Contract Labor	69,391		69,391	
<b>e</b> All other expenses	8,692		8,692	
<b>25</b> Total functional expenses. Add lines 1 through 24e .	399,644	0	399,644	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	216,733	<b>1</b>	370,880
	<b>2</b> Savings and temporary cash investments		<b>2</b>	111,013
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 5,893,811		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 1,309,409	4,724,803	<b>10c</b> 4,584,402
	<b>11</b> Investments - publicly traded securities		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		7,955	7,955
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		4,949,491	<b>16</b>	5,074,250
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		<b>17</b>	
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	1,083,721	<b>23</b>	984,542
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	124,238	<b>24</b>	117,238
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,412	<b>25</b>		
<b>26 Total liabilities.</b> Add lines 17 through 25	1,209,371	<b>26</b>	1,101,780	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	3,740,120	<b>27</b>	3,972,470
	<b>28</b> Temporarily restricted net assets		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	3,740,120	<b>33</b>	3,972,470	
<b>34</b> Total liabilities and net assets/fund balances	4,949,491	<b>34</b>	5,074,250	

**Part XI Reconciliation of Net Assets**

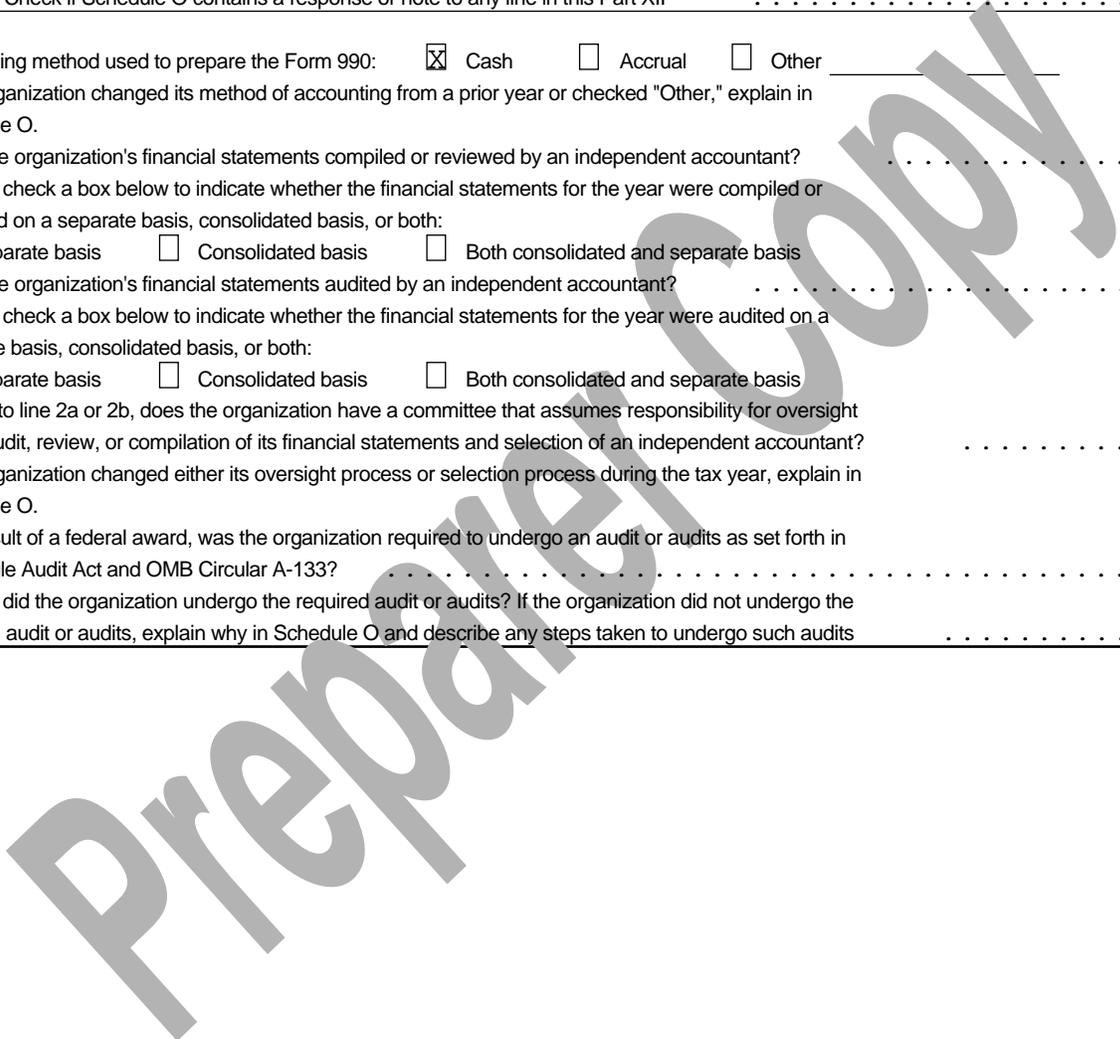
Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	631,994
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	399,644
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	232,350
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,740,120
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,972,470

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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 compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		



**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.

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

Name of the organization

Employer identification number

Indo American Cultural and Religious Foundation

86-0620445

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 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) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2013 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2014. 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; b 10%-facts-and-circumstances test - 2013. 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 supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or bus. under sec 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; b Amounts included on lines 2 and 3 received from other than disqualified persons; c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 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) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Row 15: Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 99.99 %; Row 16: Public support percentage from 2013 Schedule A, Part III, line 15 16 100.00 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, and Percentage. Row 17: Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) 17 0.00 %; Row 18: Investment income percentage from 2013 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [X]
b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [ ]
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions [ ]

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Name of the organization**

Indo American Cultural and Religious Foundation

**Employer identification number**

86-0620445

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

501(c)( 3 ) (enter number) organization

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> Indo American Cultural and Religious Foundation	<b>Employer identification number</b> 86-0620445
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Jay and Rajani Bansal PO BOX 35275 Phoenix, AZ 85069	\$ 16,955	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Bajarang Agrawal PO BOX 35275 Phoenix, AZ 85069	\$ 30,952	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Prasad Ravi PO BOX 35275 Phoenix, AZ 85069	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Mahesh Shah PO BOX 35275 Phoenix, AZ 85069	\$ 7,501	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Ketan Jani PO Box 35275 Phoenix, AZ 85069	\$ 20,251	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Ramesh Devaraj PO BOX 35275 Phoenix, AZ 85069	\$ 14,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> Indo American Cultural and Religious Foundation	<b>Employer identification number</b> 86-0620445
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Kamlesh Patel PO BOX 35275 Phoenix, AZ 85069	\$ 10,002	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Parmjeet Banghar PO Box 35275 Phoenix, AZ 85069	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Nataraj Bhadriraju PO BOX 35275 Phoenix, AZ 85069	\$ 9,356	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Subhash and Manisha Thathi PO BOX 35275 Phoenix, AZ 85069	\$ 8,420	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Andrew Davison PO BOX 35275 Phoenix, AZ 85069	\$ 5,001	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Kanu Patel PO Box 35275 Phoenix, AZ 85069	\$ 5,001	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> Indo American Cultural and Religious Foundation	<b>Employer identification number</b> 86-0620445
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Nitun Ahir  PO Box 35275  Phoenix, AZ 85069	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	Puneet Bhalla  PO Box 35275  Phoenix, AZ 85069	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	Pradipkumar Patel  PO Box 35275  Phoenix, AZ 85069	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

Indo American Cultural and Religious Foundation

Employer identification number

86-0620445

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 |    | Amount |
|---------------------------------|----|--------|
| c Beginning balance             | 1c |        |
| d Additions during the year     | 1d |        |
| e Distributions during the year | 1e |        |
| f Ending balance                | 1f |        |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	2,113,800			2,113,800
b Buildings	3,729,886		1,275,777	2,454,109
c Leasehold improvements				
d Equipment	50,125		33,632	16,493
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>4,584,402</b>

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-H), and a Total row.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows 1-9 and a Total row.

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows 1-9 and a Total row.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes and (2) PAYROLL TAX LIABILITY. Rows 3-9 and a Total row.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization

Employer identification number

**Indo American Cultural and Religious Foundation**

**86-0620445**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Special Even (event type)	(event type)	None (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts . . . . .	207,762		207,762
	2	Less: Contributions . . . . .			
	3	Gross income (line 1 minus line 2) . . . . .	207,762		207,762
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .			
	7	Food and beverages . . . . .			
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .	142,583		142,583
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .			142,583
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . .			65,179	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue . . . . .			
Direct Expenses	2	Cash prizes . . . . .			
	3	Noncash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Employer identification number

Indo American Cultural and Religious Foundation

86-0620445

**01. Members or stockholder classes and rights (Part VI, line 6)**

There are no classes of stockholders or members. All members have equal rights.

**02. Member election for additional members (Part VI, line 7a)**

All members of the organization have the right to vote for persons that are officers of  
the organization

**03. Governing body decisions (Part VI, line 7b)**

All matters affecting the organization are voted upon before passage.

**04. Form 990 governing body review (Part VI, line 11)**

The return will be viewed by the board before filing

**05. Governing documents, etc, available to public (Part VI, line 19)**

Documents available at office of facility and can be requested to view at any time.

**06. Explanation of other changes in net assets or fund balances (Part XI, line 1)**

Prior Accumulated Depreciation not properly recorded

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

2014

Attachment Sequence No. 179

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Indo American Cultural and Relig

FORM 990 - 1

86-0620445

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Part I. Columns include line numbers and descriptions. Line 13 value is 13.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

Table with 3 rows for Part II. Line 16 value is 94,106.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A. Line 17 value is 45,151.

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) and 9 rows (19a-i) for Section B. Line 19c value is 1,034.

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

Table with 3 rows (20a-c) for Section C.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 22 value is 139,405.

For Paperwork Reduction Act Notice, see separate instructions.

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>Indo American Cultural and Religious Foundation</b>	Employer identification number (EIN) or <b>86-0620445</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 35275</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Phoenix, AZ 85069</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ **Nate Bhadriraju, PO BOX 35275, Phoenix, AZ 85069**

Telephone No. ▶ **623-930-9567** FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08-17**, 20 **15**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 20 **14** or

▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

# IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury  
Internal Revenue Service

For calendar year 2014, or fiscal year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**2014**

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

**Indo American Cultural and Religious Foundation**

**86-0620445**

Name and title of officer

**Nate Bhadriraju, President**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here	▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>631,994</b>
<b>2a</b> Form 990-EZ check here	▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c)	<b>5b</b>	

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize Selina J Ashworth CPA PLLC to enter my PIN 12345 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date ▶ **05-14-2015**

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**866813 54321**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date ▶ **08-27-2015**

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

**For Paperwork Reduction Act Notice, see instructions.**

Form **8879-EO** (2014)

Name(s) as shown on return

FEIN

Indo American Cultural and Religious Foundation

86-0620445

## Other Revenues

Description	Amount
Donations and collections	\$ 224,030
Hundi Collection	106,769
Priest Services and Pujas	69,778
Proceeds	54,703
<b>Total:</b>	<b>\$ 455,280</b>

## Rental Expenses

Description	Amount
Deposit Refunds	\$ 10,076
Landscaping and Janitorial	5,412
Security Monitoring	821
Utilities	49,706
Pest Control	170
<b>Total:</b>	<b>\$ 66,185</b>

## All Other Expenses

Description	Amount
Business Licenses and Permits	\$ 349
Telephone Expense	7,755
Printing and Copying	588
<b>Total:</b>	<b>\$ 8,692</b>

\* Item was disposed of during current year.

# Depreciation Detail Listing

Management & General  
For your records only

2014  
PAGE 1

Indo American Cultural and Religious Foundation											Social security number/EIN 86-0620445				
No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	BUILDING	07011992	897,259		100.00		897,259	31.5 SL	MM	3.175	28,484	647,330			28,484
2	IMPROVEMENTS	07012002	9,241		100.00		9,241	15 150 DB HY	MM	5.91	546	7,876			546
3	IMPROVEMENTS	07012004	177,468		100.00		177,468	15 150 DB HY	MM	5.91	10,488	132,702			10,488
4	IMPROVEMENTS	07142005	52,962		100.00		52,962	15 150 DB HY	MM	5.9	3,125	35,760			3,125
5	IMPROVEMENTS	07012007	40,455		100.00		40,455	15 150 DB HY	MM	5.9	2,387	22,538			2,387
6	PROJECTOR	07012008	8,885		100.00		8,885	5		0		8,885			
7	EXTERIOR LIGHTING	07012008	607		100.00		607	5		0		607			
8	STAGE TRACK LIGHTING	07012008	3,561		100.00		3,561	5		0		3,561			
9	SOUND SYSTEM	07012008	4,616		100.00		4,616	5		0		4,616			
10	FREEZER	07012008	2,950		100.00		2,950	5		0		2,950			
11	EXTERNAL SIGN	07012008	760		100.00		760	5		0		760			
12	BUILDING TRANSFERRED	04012009	2,067,105		100.00		2,067,105	31.5 SL	MM	3.175	65,622	374,599			65,622
13	LAND	04012009	2,113,800	113,800	100.00		0	0		0					
14	BUILDING DESIGN FEE	04012011	5,000		100.00		5,000	15 150 DB HY	MM	7.7	385	1,537			385
15	IMPROVEMENTS	02012011	10,491		100.00		10,491	15 150 DB HY	MM	7.7	808	3,227			808
16	IMPROVEMENTS	03012011	3,009		100.00		3,009	15 150 DB HY	MM	7.7	232	925			232
17	IMPROVEMENTS	07012011	8,225		100.00		8,225	15 150 DB HY	MM	7.7	633	2,528			633
18	IMPROVEMENTS	09012011	27,365		100.00		27,365	15 150 DB HY	MM	7.7	2,107	8,415			2,107
19	IMPROVEMENTS	12012011	1,821		100.00		1,821	15 150 DB HY	MM	7.7	140	560			140
20	CONSTRUCTION COSTS	02032012	2,658		100.00		2,658	31.5 SL	MM	3.175	84	242			84
21	CONSTRUCTION COSTS	06082012	2,800		100.00		2,800	31.5 SL	MM	3.175	89	226			89
22	CONSTRUCTION COSTS	03152012	27,240		100.00		27,240	31.5 SL	MM	3.175	865	2,415			865
23	CONSTRUCTION COSTS	04092012	26,831		100.00		26,831	31.5 SL	MM	3.175	852	2,307			852
24	CONSTRUCTION COSTS	05152012	17,289		100.00		17,289	31.5 SL	MM	3.175	549	1,441			549
25	CONSTRUCTION COSTS	05182012	6,983		100.00		6,983	31.5 SL	MM	3.175	222	583			222
26	CONSTRUCTION COSTS	06122012	89,688		100.00		89,688	31.5 SL	MM	3.175	2,848	7,239			2,847
27	CONSTRUCTION COSTS	09122012	11,106		100.00		11,106	31.5 SL	MM	3.175	353	809			353
28	CONSTRUCTION COSTS	10222012	5,705		100.00		5,705	31.5 SL	MM	3.175	181	400			181
29	CONSTRUCTION COSTS	11302012	42,712		100.00		42,712	31.5 SL	MM	3.175	1,356	2,882			1,356
30	CHAIRS	03222012	5,200		100.00		5,200	7 200 DB HY	MM	17.49	909	2,925			782

\* Item was disposed of during current year.

## Depreciation Detail Listing

Management & General  
For your records only

**2014**  
PAGE 2

Indo American Cultural and Religious Foundation															
Name(s) as shown on return										Social security number/EIN					
No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
31	CONSTRUCTION COSTS	08242012	941		100.00		941	31.5	SL	MM	3.175	71			30
32	CONSTRUCTION COSTS	07062012	1,600		100.00		1,600	31.5	SL	MM	3.175	125			51
33	CONSTRUCTION COSTS	08032012	2,000		100.00		2,000	31.5	SL	MM	3.175	150			63
34	CONSTRUCTION COSTS	07112012	2,500		100.00		2,500	31.5	SL	MM	3.175	194			79
35	CONSTRUCTION COSTS	07202012	21,041		100.00		21,041	31.5	SL	MM	3.175	1,642			668
36	CONSTRUCTION COSTS	07212012	46,715		100.00		46,715	31.5	SL	MM	3.175	3,646			1,483
37	CONSTRUCTION COSTS	07282012	12,600		100.00		12,600	31.5	SL	MM	3.175	983			400
38	CONSTRUCTION COSTS	08172012	1,200		100.00		1,200	31.5	SL	MM	3.175	90			38
39	CONSTRUCTION COSTS	08242012	35,874		100.00		35,874	31.5	SL	MM	3.175	2,705			1,139
40	CONSTRUCTION COSTS	09042012	2,400		100.00		2,400	31.5	SL	MM	3.175	174			76
41	CONSTRUCTION COSTS	09112012	2,200		100.00		2,200	31.5	SL	MM	3.175	160			70
42	CONSTRUCTION COSTS	12302012	322		100.00		322	31.5	SL	MM	3.175	20			10
43	IMPROVEMENTS	03152013	4,173		100.00		4,173	15	150 DB HY	9.5	396	605			396
44	IMPROVEMENTS	04022013	44,906		100.00		44,906	15	150 DB HY	9.5	4,266	6,511			4,266
45	IMPROVEMENTS	12052013	9,000		100.00		9,000	15	150 DB HY	9.5	855	1,305			855
46	LIFT EQUIP	02212013	1,900		100.00		1,900	7	200 DB HY	24.49	465	737			363
47	CAMERA SYSTEM	04162013	7,169		100.00		7,169	7	200 DB HY	24.49	1,756	2,780			1,371
48	IMPROVEMENTS	03222013	9,000		100.00		9,000	15	150 DB HY	9.5	855	1,305			855
49	CHAIRS	06112013	5,200		100.00		5,200	7	200 DB HY	24.49	1,273	2,016			995
50	TABLES	12202013	8,243		100.00		8,243	7	200 DB HY	24.49	2,019	3,197			1,577
51	DRAPES	01282014	1,034		100.00		1,034	7	200 DB HY	14.29	148	148			111
<b>Totals</b>			<b>5,893,810</b>	<b>113,800</b>			<b>3,780,010</b>				<b>139,405</b>	<b>1,309,409</b>			<b>138,033</b>

Land Amount  
Net Depreciable Cost

5,893,810

ST ADU:

Next Year's Depreciation

2014

Name							FEIN
Indo American Cultural and Religious Foundation							86-0620445
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
MGT	1	BUILDING	07011992	897,259	SL	31.5	28,484
MGT	1	IMPROVEMENTS	07012002	9,241	M	15	545
MGT	1	IMPROVEMENTS	07012004	177,468	M	15	10,471
MGT	1	IMPROVEMENTS	07142005	52,962	M	15	3,130
MGT	1	IMPROVEMENTS	07012007	40,455	M	15	2,391
MGT	1	PROJECTOR	07012008	8,885	M	5	
MGT	1	EXTERIOR LIGHTING	07012008	607	M	5	
MGT	1	STAGE TRACK LIGHTING	07012008	3,561	M	5	
MGT	1	SOUND SYSTEM	07012008	4,616	M	5	
MGT	1	FREEZER	07012008	2,950	M	5	
MGT	1	EXTERNAL SIGN	07012008	760	M	5	
MGT	1	BUILDING TRANSFERRED IN	04012009	2,067,105	SL	31.5	65,622
MGT	1	LAND	04012009		NDA	0	
MGT	1	BUILDING DESIGN FEE	04012011	5,000	M	15	346
MGT	1	IMPROVEMENTS	02012011	10,491	M	15	727
MGT	1	IMPROVEMENTS	03012011	3,009	M	15	209
MGT	1	IMPROVEMENTS	07012011	8,225	M	15	570
MGT	1	IMPROVEMENTS	09012011	27,365	M	15	1,896
MGT	1	IMPROVEMENTS	12012011	1,821	M	15	126
MGT	1	CONSTRUCTION COSTS	02032012	2,658	M	31.5	84
MGT	1	CONSTRUCTION COSTS	06082012	2,800	M	31.5	89
MGT	1	CONSTRUCTION COSTS	03152012	27,240	M	31.5	865
MGT	1	CONSTRUCTION COSTS	04092012	26,831	M	31.5	852
MGT	1	CONSTRUCTION COSTS	05152012	17,289	M	31.5	549
MGT	1	CONSTRUCTION COSTS	05182012	6,983	M	31.5	222
MGT	1	CONSTRUCTION COSTS	06122012	89,688	M	31.5	2,847
MGT	1	CONSTRUCTION COSTS	09122012	11,106	M	31.5	353
MGT	1	CONSTRUCTION COSTS	10222012	5,705	M	31.5	181
MGT	1	CONSTRUCTION COSTS	11302012	42,712	M	31.5	1,356
MGT	1	CHAIRS	03222012	5,200	M	7	649
MGT	1	CONSTRUCTION COSTS	08242012	941	M	31.5	30
MGT	1	CONSTRUCTION COSTS	07062012	1,600	M	31.5	51
MGT	1	CONSTRUCTION COSTS	08032012	2,000	M	31.5	63
MGT	1	CONSTRUCTION COSTS	07112012	2,500	M	31.5	79
MGT	1	CONSTRUCTION COSTS	07202012	21,041	M	31.5	668
MGT	1	CONSTRUCTION COSTS	07212012	46,715	M	31.5	1,483
MGT	1	CONSTRUCTION COSTS	07282012	12,600	M	31.5	400
MGT	1	CONSTRUCTION COSTS	08172012	1,200	M	31.5	38
MGT	1	CONSTRUCTION COSTS	08242012	35,874	M	31.5	1,139
MGT	1	CONSTRUCTION COSTS	09042012	2,400	M	31.5	76
MGT	1	CONSTRUCTION COSTS	09112012	2,200	M	31.5	70
MGT	1	CONSTRUCTION COSTS	12302012	322	M	31.5	10
MGT	1	IMPROVEMENTS	03152013	4,173	M	15	357
MGT	1	IMPROVEMENTS	04022013	44,906	M	15	3,839
MGT	1	IMPROVEMENTS	12052013	9,000	M	15	769
MGT	1	LIFT EQUIP	02212013	1,900	M	7	332
MGT	1	CAMERA SYSTEM	04162013	7,169	M	7	1,254
MGT	1	IMPROVEMENTS	03222013	9,000	M	15	769
MGT	1	CHAIRS	06112013	5,200	M	7	909
MGT	1	TABLES	12202013	8,243	M	7	1,442
MGT	1	DRAPES	01282014	1,034	M	7	253

TOTAL

136,595

990

Tax Exempt  
Diagnostic Summary

2014

Name Indo American Cultural and Religious Foundation	Employer Identification # 86-0620445
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Demographics

Mailing Address:

PO BOX 35275  
Phoenix, AZ 85069

Phone: (623)930-9567

Resident State: AZ

Diagnostics

Preparer: Selina Ashworth

Invoice:

Date: 08-27-2015

Return Information

Item on Return	2014 Federal	2013 Federal (If available)
Total Revenue	631,994	672,116
Total Expenses	399,644	432,182
Net Excess (Deficit)	232,350	239,934
Net Assets or Fund Balances	3,972,470	3,740,120

State/City Information

<u>State/City</u>	<u>Taxable Revenue</u>	<u>Total Expenses</u>	<u>Change Fund Balance</u>	<u>UBIT</u>	<u>Total Tax</u>	<u>Refund/ (Balance Due)</u>
AZ						

Preparer Copy

For the  calendar year 2014 or  fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

<b>CHECK ONE:</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name <b>Indo American Cultural and Religious</b>	Employer Identification Number (EIN) <b>86-0620445</b>
Business Telephone Number (with area code) <b>623-930-9567</b>	Address - number and street or PO Box <b>PO BOX 35275</b>	
	City, Town or Post Office <b>Phoenix</b>	State ZIP Code <b>AZ 85069</b>

**68 Check box if:**  This is a first return  Name change  Address change

**A** Date Arizona operations began: 01-01-1995

**B** Nature of Arizona activities: Religious Organization

**C** Federal form filed:  990  990-EZ  Other (specify) \_\_\_\_\_

**NONPROFIT MEDICAL MARIJUANA DISPENSARY (NMMD) ONLY -**

**D**  NMMD Registry Identification Number: \_\_\_\_\_

**E** What type of entity is the dispensary?  
 Corporation  Limited Liability Company (LLC)  Partnership  S corporation  
 Sole Proprietorship

**F** If the dispensary is an LLC, what is the federal tax classification?  
 Corporation  Disregarded Entity  Partnership  S corporation

If the dispensary is an LLC, a partnership or an S corporation, **include a schedule** that lists the following ownership information: name, address, TIN, and ownership percentage at the end of the tax year.

**G** Federal form filed:  1040  1041  1065  1120  1120-S Other (specify) \_\_\_\_\_

**H**  Check this box if you included a copy of the dispensary's federal return with its Arizona Form 120S or Form 165 when it was filed; do not include a copy of the same return with this form. **Otherwise, include a copy of the dispensary's federal return.**

**CHECK BOX IF return filed under extension:**  
 **82C** 3-month federal  
 **82F** 6-month Arizona/federal

**REVENUE USE ONLY. DO NOT MARK IN THIS AREA.**  
 **88**

**81 PM** **66 RCVD**

**Sources of Income**

1 Gross sales from business activities	1	289,248	00
2 Less cost of goods sold or of operations: Include itemized statement	2		00
3 Gross profit from business activities: Subtract line 2 from line 1	3	289,248	00
4 Interest	4		00
5 Dividends	5		00
6 Rents and royalties	6		00
7 Gain or (loss) from sales of assets, excluding inventory items	7		00
8 Dues, assessments, etc., from members	8		00
9 Dues, assessments, etc., from affiliates	9		00
10 Contributions, gifts, grants, etc., received	10	551,514	00
11 Other income: Include itemized statement	11		00
12 Total income: Add lines 3 through 11	12	840,762	00

**Administrative Expenses**

13 Compensation of officers, directors, trustees, etc	13	75,462	00
14 Salaries and wages other than amounts included on line 2	14		00
15 Interest	15		00
16 Taxes	16		00
17 Rent expense	17		00
18 Depreciation: Include schedule	18		00
19 Miscellaneous expenses: Include itemized statement	19	324,182	00
20 Total expenses: Add lines 13 through 19	20	399,644	00

**Disbursements**

21 Disbursements from current income for exempt purposes from page 2, line A6	21		00
22 Disbursements from principal for exempt purposes from page 2, line B6	22		00
23 Other disbursements not itemized on Schedule A or Schedule B: Include schedule	23		00

**Accumulation of Income**

24 Accumulation of income in current year: Line 12 less the sum of lines 20, 21, 22, and 23	24	441,118	00
25 Accumulation of income at beginning of year	25		00
26 Accumulation of income at end of year: Add lines 24 and 25	26	441,118	00

**Penalty**

27 Penalty for late filing or incomplete filing. See instructions	27		00
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THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. 42-1125(K).

**SCHEDULE A Disbursements From Current Income for Exempt Purposes**

A1 Dues, assessments, etc., to affiliates	A1	00			
A2 Contributions, gifts, grants, etc., paid	A2	00			
A3 Benefit payments to or for members or their dependents:					
A3a Death, sickness, hospitalization, disability, or pension benefits	A3a	00			
A3b Other benefits	A3b	00			
A4 Dividends and other distributions to members, shareholders, or depositors	A4	00			
A5 Other	A5	00			
A6 Total: Add lines A1 through A5. Enter total here and on page 1, line 21	A6				00

**SCHEDULE B Disbursements From Principal for Exempt Purposes**

B1 Dues, assessments, etc., to affiliates	B1	00			
B2 Contributions, gifts, grants, etc., paid	B2	00			
B3 Benefit payments to or for members or their dependents:					
B3a Death, sickness, hospitalization, disability, or pension benefits	B3a	00			
B3b Other benefits	B3b	00			
B4 Dividends and other distributions to members, shareholders, or depositors	B4	00			
B5 Other	B5	00			
B6 Total: Add lines B1 through B5. Enter total here and on page 1, line 22	B6				00

**SCHEDULE C Balance Sheet**

**NOTE:** Amounts used in included schedules and in this column should be end of year amounts.

		(a) Beginning of Year		(b) End of Year		
<b>Assets</b>						
C1	Cash	00	C1			00
C2a	Accounts receivable	00				
C2b	Less allowance for doubtful accounts	00				
C2c	Line C2a less line C2b. Enter difference in column (b)		00	C2c		00
C3a	Other notes and loans receivable: Include schedule	00				
C3b	Less allowance for doubtful accounts	00				
C3c	Line C3a less line C3b. Enter difference in column (b)		00	C3c		00
C4	Inventories	00	C4			00
C5	Investments (securities): Include schedule	00	C5			27 00
C6	Investments (other): Include schedule	00	C6			00
C7a	Land, buildings, and equipment; basis:	00				
C7b	Less accumulated depreciation: Include schedule	00				
C7c	Line C7a less line C7b. Enter difference in column (b)		00	C7c		00
C8	Other assets (describe):	00	C8			00
C9	<b>Total assets: Add lines C1 through C8</b>	00	C9			27 00
<b>Liabilities</b>						
C10	Accounts payable and accrued expenses	00	C10			00
C11	Mortgages and other notes payable: Include schedule	00	C11			00
C12	Other liabilities (describe):	00	C12			00
C13	<b>Total liabilities: Add lines C10 through C12</b>	00	C13			00
<b>Net Assets</b>						
C14	Capital stock or trust principal	00	C14			00
C15	Paid-in or capital surplus	00	C15			00
C16	Retained earnings or accumulated income	00	C16			00
C17	<b>Total net assets: Add lines C14 through C16</b>	00	C17			00
C18	<b>Total liabilities and net assets: Add lines C13 and C17</b>	00	C18			00

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1) Indo American Cultural and Religi	EIN 86-0620445
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<b>Declaration</b>	Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.		
<b>Please Sign Here</b>	<u>Nate Bhadriraju</u> OFFICER'S SIGNATURE	<u>05-14-2015</u> DATE	<u>President</u> TITLE
<b>Paid Preparer's Use Only</b>	<u>Selina Ashworth</u> PAID PREPARER'S SIGNATURE	<u>08-27-2015</u> DATE	<u>P00968171</u> PAID PREPARER'S PTIN
	<u>Selina J Ashworth CPA PLLC</u> FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF EMPLOYED)		<u>26-3005281</u> FIRM'S <input checked="" type="checkbox"/> EIN OR <input type="checkbox"/> SSN
	<u>3514 N Power Road Ste 127</u> FIRM'S STREET ADDRESS		<u>480-945-0623</u> FIRM'S TELEPHONE NUMBER
	<u>Mesa</u> CITY	<u>AZ</u> STATE	<u>85215</u> ZIP CODE

**Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153**

Preparer Copy