WEGNER CPAS, LLP 419 N LEE ST ALEXANDRIA, VA 22314-2301

HINDU AMERICAN FOUNDATION, INC. 910 17TH ST. NW, NO. 315 WASHINGTON, DC 20006-2601

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#### \*\* PUBLIC DISCLOSURE COPY \*\*

Form **991** 

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, and ending JUN 30, 2021 Open to Public Inspection

<b>B</b> c	heck if	C Name of organization	D Employer identification number	_				
v	Addres	HINDU AMERICAN FOUNDATION, INC.						
	_cnange _Name _change	•	68-0551525					
H	□Initial	Doing business as  Number and street (or P.O. box if mail is not delivered to street address)  Room/su		—				
H	_return □Final	910 17TH ST. NW 315	ite E Telephone number 202-223-8222					
	/return termin		G Gross receipts \$ 3,068,313	_				
	ated ∏Amend	City or town, state or province, country, and ZIP or foreign postal code  WASHINGTON, DC 20006-2601		÷				
F	⊒return ∏Applic		H(a) Is this a group return for subordinates? Yes X No	_				
	pendir	SAME AS C ABOVE	H(b) Are all subordinates included? Yes No					
	-av ava		527 If "No," attach a list. See instructions	,				
		e: WWW.HINDUAMERICAN.ORG	H(c) Group exemption number ▶					
			ear of formation: 2003 M State of legal domicile: F	T.				
		Summary	igi of formation.	=				
		Briefly describe the organization's mission or most significant activities: PROMOTING	G DIGNITY, MUTUAL	_				
Governance		RESPECT, AND PLURALISM IN ORDER TO ENSURE TH	E WELL-BEING OF HINDUS	_				
ern	l	Check this box 🕨 📖 if the organization discontinued its operations or disposed of m		_				
Š	l	Number of voting members of the governing body (Part VI, line 1a)		<u>5</u>				
ø		Number of independent voting members of the governing body (Part VI, line 1b)		5				
Activities &		Total number of individuals employed in calendar year 2020 (Part V, line 2a)						
₹		Total number of volunteers (estimate if necessary)						
Act		Total unrelated business revenue from Part VIII, column (C), line 12						
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		<u>•</u>				
			Prior Year	—				
ne	l	Contributions and grants (Part VIII, line 1h)	1,810,819. 2,010,673	·				
Revenue		Program service revenue (Part VIII, line 2g)	262,842. 67,655	÷				
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,5634,661					
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,080,224. 2,073,667					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,901. 23,817					
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 25,017	÷				
	l	Benefits paid to or for members (Part IX, column (A), line 4)	999,225. 1,106,754	÷				
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 0.					
Expenses	l loa	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  178,085.		İ				
$\overline{\mathbf{X}}$		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	388,591. 509,067	_				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,437,717. 1,639,638					
	l	Revenue less expenses. Subtract line 18 from line 12	642,507. 434,029					
or es	13	nevenue less expenses. Subtract line 10 nom line 12	Beginning of Current Year End of Year	Ť				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,393,637. 4,217,262	-				
Ass I Ba	21	Total liabilities (Part X, line 26)	220,734. 223,149					
Net	22	Net assets or fund balances. Subtract line 21 from line 20	3,172,903. 3,994,113					
Pa	rt II	Signature Block		_				
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my knowledge and belief, it is	<del>_</del>				
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge.					
Sign	า	Signature of officer	Date					
Her	е	SHEETAL SHAH, CFO						
		Type or print name and title	I Date					
_		Print/Type preparer's name  Preparer's signature	Date Check PTIN					
Paid		GLENN MILLER, CPA Sem Miller	2/16/22   self-employed   P00086726					
	arer	Firm's name WEGNER CPAS, LLP	Firm's EIN ▶ 39-0974031	_				
Use Only Firm's address 419 N LEE ST								
		ALEXANDRIA, VA 22314-2301	Phone no. 703-519-0990					
May	the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No	<u>o</u>				

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  THE HINDU AMERICAN FOUNDATION (HAF) IS AN ADVOCACY ORGANIZATION FOR
	THE HINDU AMERICAN COMMUNITY. THE FOUNDATION EDUCATES THE PUBLIC
	ABOUT HINDUISM, SPEAKS OUT ABOUT ISSUES AFFECTING HINDUS WORLDWIDE,
	AND BUILDS BRIDGES WITH INSTITUTIONS AND INDIVIDUALS WHOSE WORK ALIGNS
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 X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No  If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 358,250
	TEXTBOOKS AND IN CLASSROOMS. 2. PROMOTE A BALANCED UNDERSTANDING OF
	HINDUISM AS A LIVED TRADITION IN ACADEMIA. 3. IMPROVE NARRATIVES ABOUT
	HINDUS AND HINDUISM IN MEDIA.
	250.000
4b	(Code:) (Expenses \$ 352,888 • including grants of \$) (Revenue \$)
	POLICY - PROMOTE POLICIES THAT ENSURE THE WELL-BEING OF HINDUS
	WORLDWIDE AND BENEFIT ALL PEOPLE AND THE PLANET. 1. ADVOCATE FOR
	POLICIES THAT SECURE THE WELL-BEING OF HINDUS IN THE US. 2. ADVOCATE
	FOR POLICIES THAT SECURE THE HUMAN RIGHTS OF HINDUS AROUND THE WORLD
	AND PROMOTE PEACE, PROSPERITY AND PLURALISM IN INDIA, THE SPIRITUAL
	HOMELAND OF HINDUS. 3. ADVOCATE FOR SOLUTIONS ALIGNED WITH OR INSPIRED BY HINDU TEACHINGS FOR THE BENEFIT OF ALL PEOPLE AND THE PLANET.
	DI HINDU TEACHINGS FOR THE BENEFIT OF ALL PEOPLE AND THE PLANET.
4c	(Code: ) (Expenses \$ 291,535 • including grants of \$ 23,817 • ) (Revenue \$ )
70	COMMUNITY - EMPOWER HINDU AMERICAN COMMUNITIES AND PARTNER
	INSTITUTIONS. 1. ENHANCE THE WELL-BEING, SAFETY, AND SECURITY OF HINDU
	COMMUNITIES AND INSTITUTIONS. 2. BUILD A CULTURE OF ADVOCACY. 3.
	PROMOTE THE RECOGNITION OF HINDUISM AND HINDU CONTRIBUTIONS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 1,002,673.
	Form <b>990</b> (2020)

# 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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<b>.</b>
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	Х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	21	
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.414	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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		37	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	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		v	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<del></del>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.0		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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# Form 990 (2020) HINDU AMERICAN FOUNDATION, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<del></del>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
<b>2</b> 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		$ _{\mathbf{x}}$
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		<u> </u>
Ь	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	00-		x
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		<del></del>
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			ot
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 12			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.		
	(gambling) winnings to prize winners?	1c		

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# Form 990 (2020) HINDU AMERICAN FOUNDATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 160 for the calendary vaer anding with or within they ware covered by this return  b If all least one is reported on line 2a, did the organization file all required federal employment tax returne?  Note: If the sum of lines 1a and 2a is greater than 50,00 umg by a required to effect se instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, "has it filed a Form 990-T for this year? If Yo? to fire 3b, provide an explanation on Schedule O  3c If Yes, "has it filed a Form 990-T for this year? If Yo? to fire 3b, provide an explanation on Schedule O  3d All any time during the calendary year, did the organization have an interest is, or a signature or other authority over, a financial account in a toregon country (such as a barrik accountry, securities account, or other financial account)?  4d All any time the name of the foreign country by the provided of the provided				Yes	No					
b If a least one is reported on line 2a, did the organization file alrequired federal employment tax returns?  Note: If the sum of lines is and 2 as greater than 250, you may be required to e-file (see instructions)  3	2a									
Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 Did If Yes, "has it filed a Form 990-T for this year? If "No" to line 8b, provide an explanation on Schedule 0  3 Did If Yes," has it filed a Form 990-T for this year? If "No" to line 8b, provide an explanation on Schedule 0  3 Did If Yes, "series the name of the foreign country [such as a bank account; securities account, or other financial accounts; (FBAR).  5 Did If Yes, "enter the name of the foreign country [such as a bank account; securities account, or other financial accounts; (FBAR).  5 Did was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any exponization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any exponization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5 Did any exponization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c).  6 Did the organization shart may receive deductible contributions under section 170(c).  6 Did the organization solicit apparent in access of \$75 made party as a contribution and party for goods and services provided?  7 Did the organization solicit apparent in access of \$75 made party as a contribution and party for goods and services provided to the payer?  5 Did the organization solicit apparent in access of \$75 made party as a contribution and party for goods and services provided to the payer?  5 Did the organization section and party to a prohibition and party for goods and services provided to the payer?  5 Did the organization section and the payer and party tax to the payer and payer and payer and paye		filed for the calendar year ending with or within the year covered by this return 2a 13								
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has if tilled a Form 9807 for this year? If "Not * to im 83,000 or more during the year?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, provide an explanation on Schedule O.  4b If "Yes," inter the name of the foreign country.  5c In It "Yes * to line Sar of Sh, did the foreign country.  5c In It yes * to line Sar of Sh, did the foreign country.  5c In It yes * to line Sar of Sh, did the organization in Erom 8807 for It yes * to line Sar of Sh, did the organization in Erom 8807 for It yes * to line Sar of Sh, did the organization the organization the organization in the are formally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that when contributions that were not tax deductible?  6c Does the organization related and the every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Does the organization state any receive deductible contributions under section 170(c).  8d If "Yes," indicate the number of forms 8802 fish made partly as a contribution and partly for goods and services provided to the payer?  7c Does It was received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X If Did the organization received an contribution of qualified intellectual property, did the organization related an contribution of qualified intellectual property, did the organization file a Form 1988 or a serquined to the Form 8800 as required?  7d If It was organization related a contribution of qualified intellectual property, did the organization file a Form 1988 or a serquined?  8 Dobt the organization are	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
b If Yes, "has it filed a Form 990 T for this year? If "No" to file 3b, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest, in, or a signature or other authority over, a financial account?  4b If "Yes," enter the name of the foreign country   Securities account, or other financial accounts (FBAR).  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization a party to a prohibited tax shelter transaction?  6c Did any taxable party notify the organization file Form 888877.  6c Did was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c Did the organization that may receive deductible contributions an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d Did the organization several payment in excess of \$15 made party as contribution and party for goods and services provided?  7c Did the organization express any expression and party for goods and services provided to the payor?  7a Was to file form 8282?  7b Did the organization receive a payment in excess of \$15 made party as a contribution of payment and the paym		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
4a A any time during the calendary year, dot the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country ▶  5a Was the organization party to a prohibited tax whether transaction?  5b Was the organization that it was or is a party to a prohibited tax whether transaction?  5c If "Yes" to lie So or 5b, did the organization the ferm 88867?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible schariable contributions?  6b Wes the organization related to tax deductible schariable contributions?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a Did the organization stat any precive deductible contributions under section 170(c).  a Did the organization state any receive deductible contributions under section 170(c).  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a Did the organization state any receive deductible contributions and any arriy for goods and services provided to the payor?  7c If X X  b If "Yes," inclinate the number of Forms 8222 filed during the year  c Did the organization sell, exchange, or otherwise dispose of tangitie personal property for which it was required to the ferm 82827.  f Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  f Did the organization neceived a contribution of causified intellectual property, did the organization file Form 8289 as required?  h	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
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a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.	۵		-							
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.			15		X					
If "Yes," complete Form 4720, Schedule O.					7.7					
	16		16		X					
		If "Yes," complete Form 4720, Schedule O.	F.	000	(0000)					

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA, IL, MD, MA, MI, NJ, NY, PA, VA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
	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			
	SHEETAL SHAH - 202-223-8222			
	910 17TH ST. NW, NO. 315, WASHINGTON, DC 20006-2601			

# 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.

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

See instructions for the order in which to list the persons above.

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		unless person is both an			compensation	compensation	amount of
	week	_			from	from related	other			
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			satec		(W-2/1099-MISC)	(***2/1099****130)	organization
	organizations	truste	al trus		yee	mper		(** = / ********************************		and related
	below	/idual	Institutional trustee	er	Key employee	est co loyee	Jer			organizations
	line)	Indiv	Insti	Officer	Key 6	Highest compensated employee	Former			
(1) SUHAG SHUKLA	48.00								_	_
EXECUTIVE DIRECTOR				Х				98,200.	0.	0.
(2) SHEETAL SHAH	48.00									
CFO				Х				93,373.	0.	0.
(3) MIHIR MEGHANI	3.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) RISHI BHUTADA	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) RAJIV PANDIT	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) ARJUN BHAGAT	1.00									
DIRECTOR		Х						0.	0.	0.
(7) SWAMINATHAN VENKATARAMAN	1.00									
DIRECTOR		Х						0.	0.	0.
					<u> </u>					

Form **990** (2020)

<b>(A)</b> Name and title	(B) Average			(C Posi	ition			<b>(D)</b> Reportable	<b>(E)</b> Reportable		Fet	( <b>F)</b> imated	d
reant and the	hours per week (list any hours for	director ogs	(do not check more than or box, unless person is both officer and a director/truste				h an tee)	compensation from the organization	compensation from related organizations (W-2/1099-MIS		am comp	ount on other oensatom the	of ion
	related organizations below line)	tee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	·	,	and	nizatio relate nizatio	ed
		_											
1b Subtotal								191,573.		0.			0.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section A						<b>&gt;</b>	0. 191,573.		0.			0.
<ul> <li>Total number of individuals (including but compensation from the organization</li> </ul>								eceived more than \$100	,000 of reportable	)			0
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			•		•		•		•		3	Yes	No X
4 For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportab	le co	omp	ensa	ation	n and	d oth	-	the organization		4		X
5 Did any person listed on line 1a receive o rendered to the organization? If "Yes," co	r accrue compe	nsat	ion 1	rom	any	unr/			idual for services		5		Х
Complete this table for your five highest of the organization. Report compensation for the organization.										pens	ation fr	om	
(A)  Name and busines	-		ONI		VILII	OI W		(B)  Description of s		C	(C ompen		1
2 Total number of independent contractors		ot li	mite	d to		se lis	sted	d above) who received m	nore than				
\$100,000 of compensation from the orga	I IIZALIOI I										Corm C	000 /=	000

Pa	rt V	<u> </u>	Statement of Revenue					
			Check if Schedule O contains a response	e or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	( <b>D</b> ) Revenue excluded
ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
s, G			Fundraising events 1c	239,180.				
ift; ar/			Related organizations 1d	,				
s, C			Government grants (contributions) 1e	189,032.				
rion			All other contributions, gifts, grants, and					
but the			similar amounts not included above 1f	1,582,461.				
d Off		g	Noncash contributions included in lines 1a-1f					
<u>ခ ငိ</u>		h	Total. Add lines 1a-1f	<b>&gt;</b>	2,010,673.			
				Business Code				
Program Service Revenue	2	а						
ervi Pervi		b						
n S Jen		С						
jrar Rev		d						
roc		е						
щ			All other program service revenue					
_		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter		34,330.			34,330.
	4		other similar amounts)  Income from investment of tax-exempt bond		34,330.			34,330.
	5		Royalties	· .				
			(i) Real	(ii) Personal				
	6	a	Gross rents 6a	(.,, : 5.55.1				
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)	<b></b>				
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b> 1,020,310					
		b	Less: cost or other basis					
ne			and sales expenses					
Revenue		С	Gain or (loss) 7c 33,325					
		d	Net gain or (loss)		33,325.			33,325.
Other	8	а	Gross income from fundraising events (not					
ō			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8k	1	4 661			A CC1
			Net income or (loss) from fundraising events	<b>▶</b>	-4,661.			-4,661.
	9	а	Gross income from gaming activities. See					
		h	Part IV, line 19 9a Less: direct expenses 9t					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
		_	and allowances 10	a				
		b	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory .					
S			, , , , , , , , , , , , , , , , , , , ,	Business Code				
e on	11	а						
Miscellaneous Revenue		b						
evel evel		С						
Mis.		d	All other revenue					
			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		2,073,667.	0.	0.	62,994.

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### 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).

Do r	not include amounts reported on lines 6b,	(A)	this Part IX _ <b>(B)</b> _	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	10 516	10 516		
	and domestic governments. See Part IV, line 21	12,516.	12,516.		
2	Grants and other assistance to domestic	1 201	1 201		
	individuals. See Part IV, line 22	1,301.	1,301.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	10,000.	10 000		
	individuals. See Part IV, lines 15 and 16	10,000.	10,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	202,836.	146,042.	28,397.	28,397
_	trustees, and key employees	202,030.	140,042.	20,391.	20,331
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	774,243.	555,629.	111,634.	106,980
7	Other salaries and wages	114,443.	333,043.	111,034.	100,300
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	54,457.	46,416.	7,981.	60
9	Other employee benefits	75,218.	52,766.	11,849.	10,603
10	Payroll taxes	13,210•	54,700.	11,049.	10,003
11	Fees for services (nonemployees):				
	Management	166,731.	41,323.	125,408.	
	Legal	28,739.	41,525.	28,639.	100
	Accounting	20,733.		20,033.	100
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees	14,951.		14,951.	
f	Other. (If line 11g amount exceeds 10% of line 25,	11,551.		11,001.	
g	column (A) amount, list line 11g expenses on Sch O.)	135,678.	70,308.	59,398.	5,972
12	Advertising and promotion	775.	70,300.	33,3301	775
13	Office expenses	31,930.	16,065.	13,230.	2,635
14	Information technology	3,822.	2,995.	33.	794
15	Royalties	3,0220	2,3330		
16	Occupancy	61,868.	30,615.	15,946.	15,307
17	Travel	9,477.	3,163.	6,198.	116
18	Payments of travel or entertainment expenses	2,277	0,200	0,200	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	309.		309.	
20	Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,943.	7,026.	917.	
23	Insurance	6,039.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6,039.	
23 24	Other expenses. Itemize expenses not covered	-,		= ,	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	40,805.	6,508.	27,951.	6,346
b		.,	,	,	.,
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,639,638.	1,002,673.	458,880.	178,085
<u>26</u> 26	Joint costs. Complete this line only if the organization	, == , ====	, , , , , , , , ,	,	.,
_5	reported in column (B) joint costs from a combined				
	, , , ,				
	educational campaign and fundraising solicitation.				

#### Part X Balance Sheet

Part	[ X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	350,504.	1	320,972		
	2	Savings and temporary cash investments		1,317,011.	2	1,156,878	
	3	Pledges and grants receivable, net		431,223.	3	285,774	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	alified p	ersons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ection 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			17,497.	9	26,634
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	71,266.			
	b	Less: accumulated depreciation	10b	40,147.	14,849.	10c	31,119
	11	Investments - publicly traded securities			1,200,409.	11	2,320,852
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	62,144.	15	75,033		
	16	Total assets. Add lines 1 through 15 (must e	qual line	33)	3,393,637.	16	4,217,262
	17	Accounts payable and accrued expenses			6,208.	17	9,075
	18	Grants payable		18			
	19	Deferred revenue			19		
- [:	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	te Part I\	of Schedule D		21	
se :	22	Loans and other payables to any current or for	ormer off	icer, director,			
≣		trustee, key employee, creator or founder, su	bstantia	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese per	sons		22	
<b>-</b>  :	23	Secured mortgages and notes payable to un		F	400 000	23	100 000
- 1:	24	Unsecured notes and loans payable to unrela			189,032.	24	189,032
- 1:	25	Other liabilities (including federal income tax,	payable	s to related third			
		parties, and other liabilities not included on lin	nes 17-2	4). Complete Part X	05 404		05 040
		of Schedule D			25,494.	<del></del>	25,042
- 4	26	Total liabilities. Add lines 17 through 25			220,734.	26	223,149
ပ္ပ		Organizations that follow FASB ASC 958, o	heck he	ere 🕨 🔼			
] is		and complete lines 27, 28, 32, and 33.			2 740 201		2 700 220
alai	27	Net assets without donor restrictions			2,748,281.	27	3,708,339
g	28	Net assets with donor restrictions		424,622.	28	285,774	
들		Organizations that do not follow FASB ASC	C 958, cl	neck here 🕨 📖			
<u>.</u>		and complete lines 29 through 33.					
i ste	29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
ォー	31	Retained earnings, endowment, accumulated	F	2 172 002	31	2 004 112	
_	32	Total net assets or fund balances			3,172,903.	32	3,994,113
	33	Total liabilities and net assets/fund balances			3,393,637.	33	4,217,262

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,07					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,63	9,6	38.			
3	Revenue less expenses. Subtract line 2 from line 1	3			4,0				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5									
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9		1	2,8	90.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	3	,99	4,1	13.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,						
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	Ο.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit						
	Act and OMB Circular A-133?			3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b					

Form **990** (2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

14080 31

Employer identification number Name of the organization HINDU AMERICAN FOUNDATION, INC. 68-0551525 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. ☐ 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

# 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.)

Sec	ction A. Public Support			,					
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` '	.,		
	membership fees received. (Do not								
	include any "unusual grants.")	1288294.	1294009.	301,419.	1810819.	2010673.	6705214.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	100001	100100	204 440	1010010	0040650	6505044		
4	Total. Add lines 1 through 3	1288294.	1294009.	301,419.	1810819.	2010673.	6705214.		
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)						491,923.		
	Public support. Subtract line 5 from line 4.						6213291.		
	ction B. Total Support				<b>-</b>	· · · · · · · · · · · · · · · · · · ·			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018 301, 419.	(d) 2019 1810819.	(e) 2020	(f) Total 6705214.		
	Amounts from line 4	1288294.	1294009.	301,419.	1810819.	2010673.	6/05214.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	20 100	40 000	01 504	25 500	24 220	101 000		
	and income from similar sources	39,188.	49,098.	21,584.	37,729.	34,330.	181,929.		
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.)						6887143.		
	Total support. Add lines 7 through 10		,				000/143.		
12	Gross receipts from related activities,					12			
13	First 5 years. If the Form 990 is for the organization, check this box and stop			•	•	. , . ,	. □		
Sec	ction C. Computation of Publ		rcentage				·····		
	Public support percentage for 2020 (I			column (f))		14	90.22 %		
	Public support percentage from 2019					15	89.54 %		
	33 1/3% support test - 2020. If the o					L L			
	stop here. The organization qualifies								
b									
	b 33 1/3% support test - 2019. 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 tes								
	and if the organization meets the fact	_							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets th	ne facts-and-circur	nstances test, che	ck this box and <b>st</b>	op here. Explain i	n Part VI how the			
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization			
18									

Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

qualify under the tests listed b Section A. Public Support	elow, please com	iplete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(6) 2019	(d) 2010	(e) 2020	(f) Total
1 Gifts, grants, contributions, and	(a) 2010	(0) 2017	(c) 2018	(d) 2019	(8) 2020	(f) Total
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						<del>                                     </del>
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
						<del>                                     </del>
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						<del>                                     </del>
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						<del>                                     </del>
6 Total. Add lines 1 through 5						1
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons <b>b</b> Amounts included on lines 2 and 3 received						+
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						<del>                                     </del>
c Add lines 7a and 7b						_
8 Public support. (Subtract line 7c from line 6.)  Section B. Total Support						
	(-) 0040	(I-) 0047	(-) 0040	(-1) 0040	(-) 0000	(6) T-1-1
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						+
dividends, payments received on						
securities loans, rents, rovalties.						
and income from similar sources						<del> </del>
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						<del> </del>
c Add lines 10a and 10b						<u> </u>
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on	<u> </u>			1		
<b>12</b> Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	<u> </u>				=======================================	<u> </u>
14 First 5 years. If the Form 990 is for th	e organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiza	ition,
check this box and stop here						<u></u>
Section C. Computation of Publ					11	
15 Public support percentage for 2020 (I					15	<u>%</u>
16 Public support percentage from 2019					16	<u>%</u>
Section D. Computation of Inves					147	**
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2						<u>%</u>
19a 33 1/3% support tests - 2020. If the						
more than 33 1/3%, check this box a						
<b>b 33 1/3% support tests - 2019.</b> If the	· ·			•		
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u>

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9с		
10a		
10b		

Par	t IV	Supporting Organizations (continued)	,		
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described in line 11a above?	11b		
С	A 35%	controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported			
	organi	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_		vised, or controlled the supporting organization.	2		
Sec.	tion C	C. Type II Supporting Organizations		1	
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	-		
200		pported organization(s).  D. All Type III Supporting Organizations	1		<u></u>
sec	lion L	D. All Type III Supporting Organizations			<del></del>
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
2		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	•	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	_	uson of the relationship described in line 2, above, did the organization's supported organizations have a			
3	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	•	e or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		rted organizations played in this regard.	3		
Sec		. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions)			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see in	structio	ns).	
2	Activit	ies Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	ese activities constituted substantially all of its activities.	2a		
b	Did the	e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
	these a	activities but for the organization's involvement.	2b		
3	Parent	t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	v integr	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ıed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	IS	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	9			
	(provide details in Part VI). See instructions.	•		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

Part	Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)																		
SCHI			, PAR		I:														
						HEDU	LE Z	Α,	PART	II	REI	RES	ENTS	THE	SHOR	RT I	'AX	YEAR	
									ENDING										

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

OMB No. 1545-0047

2020

Name of the organization Employer identification number

HINDU AMERICAN FOUNDATION, INC. 68-0551525 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 (entering "N/A" in column (b) instead of the contributor name and address), 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.,

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 🕨 \$ \_

purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

### HINDU AMERICAN FOUNDATION, INC.

68-0551525

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 269,980.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$80,000.	Person X Payroll

14080\_31

Name of organization Employer identification number HINDU AMERICAN FOUNDATION, INC. 68-0551525

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 51,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# HINDU AMERICAN FOUNDATION, INC.

68-0551525

	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	

14080\_31

Employer identification number

Name of organization

HINDU	AMERICAN FOUNDATION, IN	IC.		68-0551525
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) to completing Part III, enter the total of exclusively religious, charitable Use duplicate copies of Part III if additional s	through <b>(e) and</b> the following line en paritable, etc., contributions of <b>\$1,000 or</b>	try For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address, and	(e) Transfer of gif d ZIP + 4		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
_	Transferee's name, address, and	(e) Transfer of gif		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-		(e) Transfer of gif	t	
-	Transferee's name, address, and	d ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif		
_	Transferee's name, address, and	d ZIP + 4	Relationship of tra	nsferor to transferee

# SCHEDULE C

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. 
➤ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of orga		MERICAN FOUNDAT:	ION, INC.	Empl	oyer identification number 68-0551525
Pa	art I-A		janization is exempt un		or is a section 527 o	
2	Political	campaign activity expendit	ration's direct and indirect polit ures gn activities		<b>▶</b> \$	
	art I-B	-	janization is exempt un			
			incurred by the organization ur			
			incurred by organization mana			
			n 4955 tax, did it file Form 472			
						Yes No
		describe in Part IV.  Complete if the ord	janization is exempt un	der section 501(c)	except section 501(	c)(3)
			by the filing organization for s			
			ization's funds contributed to			
				-		
3			s. Add lines 1 and 2. Enter here			
	line 17b				▶\$	
4	Did the f	iling organization file <b>Form</b>	1120-POL for this year?			Yes No
5	made pa	ayments. For each organiza	nployer identification number (I tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	aid from the filing organize a separate political org	zation's funds. Also enter th anization, such as a separa	ne amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2020

LHA

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	AMERICAN FOUNDATION, INC.		551525 Page <b>2</b>
	n is exempt under section 501(c)(3) and fil	ed Form 5768 (el	ection under
section 501(h)).			
A Check 🕨 📖 if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share of exces	s lobbying expenditures).		
B Check 🕨 📖 if the filing organization check	ed box A and "limited control" provisions apply.		
	oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence publ	10,800.		
<b>b</b> Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	10,233.	
c Total lobbying expenditures (add lines 1a and	21,033.		
d Other exempt purpose expenditures	1,618,605.		
e Total exempt purpose expenditures (add line	s 1c and 1d)	1,639,638.	
f Lobbying nontaxable amount. Enter the amount	231,982.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
Creecycete pentavable amount (enter 25% e	Flina 16	57,996.	
<ul> <li>g Grassroots nontaxable amount (enter 25% of</li> <li>h Subtract line 1g from line 1a. If zero or less, e</li> </ul>		0.	
,		0.	
i Subtract line 1f from line 1c. If zero or less, en		U • 1	
-	r line 1h or line 1i, did the organization file Form 4720	Г	Yes No
1 0	4-Year Averaging Period Under Section 501(h)		res No
(Some organizations that made a	a section 501(h) election do not have to complete all the separate instructions for lines 2a through 2f.)	of the five columns be	elow.
Lobb	ying Expenditures During 4-Year Averaging Period		

	Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d)</b> 2020	(e) Total				
2a Lobbying nontaxable amount	225,297.	136,881.	218,772.	231,982.	812,932.				
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,219,398.				
c Total lobbying expenditures	4,118.	3,000.	1,529.	21,033.	29,680.				
<b>d</b> Grassroots nontaxable amount	56,324.	34,220.	54,693.	57,996.	203,233.				
e Grassroots ceiling amount (150% of line 2d, column (e))					304,850.				
f Grassroots lobbying expenditures	1,293.	1,000.	785.	10,800.	13,878.				

Schedule C (Form 990 or 990-EZ) 2020

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)	
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
a	Volunteers?				
k	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
i	Total. Add lines 1c through 1i				
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t			<u> </u>	
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), secti		• • •		- 2 :-
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	NO OF	(b) Pari	. III- <del>/</del> A, IIII	le 3, 15
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
c	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)		5		
	t IV Supplemental Information				
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part II	-A, lines 1	and 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
DC.	HEDULE C, PART II-A:				
тн	E 2018 COLUMN ON SCHEDULE C, PART II-A REPRESENTS T	HE SHO	RT TA	X YEAI	ર
ייום	STAINITAIG TANITADY 1 2010 AND ENDINE TUNE 20 2010				
DĒ	GINNING JANUARY 1, 2019 AND ENDING JUNE 30, 2019.				

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HINDU AMERICAN FOUNDATION, INC.

**Employer identification number** 68-0551525

Schedule D (Form 990) 2020

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other	Similar Funds	or Accounts	Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.			
		(a) Donor advise	ed funds	(b) Funds ar	nd other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	-			
	are the organization's property, subject to the organization's $% \left( 1\right) =\left( 1\right) \left( 1$				L Yes  No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose o	conferring	
Day	impermissible private benefit?				Yes No
Pai		-		art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	` ' <u></u>	7		
	Preservation of land for public use (for example, recrea	ation or education)	☐ Preservation of a	• •	
	Protection of natural habitat		☐ Preservation of a	a certified historic	structure
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contri	oution in the form o		
	day of the tax year.				at the End of the Tax Year
a	Total number of conservation easements				
b	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic str				
d	Number of conservation easements included in (c) acquired				
_	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the	organization dur	ng the tax
	year •				
4	Number of states where property subject to conservation ea	_			
5	Does the organization have a written policy regarding the per				□ Vaa □ Na
	violations, and enforcement of the conservation easements i				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, a	and enforcing cons	ervation easemei	its during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	nforcing concentrat	ion occomente d	ring the year
7	S	uling of violations, and e	inorcing conservat	ion easements u	uring trie year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(	h)(//)(R)(i)	
Ü	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservati				165 140
5	balance sheet, and include, if applicable, the text of the footi		· ·		es the
	organization's accounting for conservation easements.	note to the organization	3 ililariolai staterrie	ins that describe	3 110
Pai	t III Organizations Maintaining Collections o	f Art. Historical Tr	easures, or Ot	her Similar A	ssets.
	Complete if the organization answered "Yes" on Form	-	,		
	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sheet	works
	of art, historical treasures, or other similar assets held for pul	•			
	service, provide in Part XIII the text of the footnote to its final	•	•	•	
b	If the organization elected, as permitted under FASB ASC 95				rks of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:	, ,		•	,
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$	
					_
2	If the organization received or held works of art, historical tre				
	the following amounts required to be reported under FASB A			J /1	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$	
	Assets included in Form 990, Part X				

032051 12-01-20

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Simila	r Assets(continued)
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant u	se of its
collection items (check all that apply):	
a Public exhibition d Loan or exchange program	
b Scholarly research e Other	
c Preservation for future generations	
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpos	e 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" on Form 990,	
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>b</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
h. K. IV. a. II. a. a. lain the annual contain Dark VIII. Observation in the annual contains have been supplied and Dark VIII.	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
	ars back (e) Four years back
1a Beginning of year balance         1,200,000.         1,200,000.         1,200,000.	
	0,000.
c Net investment earnings, gains, and losses	<del>'</del>
d Grants or scholarships	
e Other expenditures for facilities	
and programs	
f Administrative expenses	
	0,000.
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	<u> </u>
a Board designated or quasi-endowment ► 100 %	
b Permanent endowment • .0000 %	
c Term endowment   .0000 %	
The percentages on 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	tion
by: (i) Unrelated organizations	<del>- + +</del>
<ul><li>(ii) Related organizations</li><li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li></ul>	
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" on 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 basis (other)	(d) Dook value
1a Land Dasis (investment) Dasis (other) depreciation	(d) Book value
ra cano	(d) Book value
	(d) Book value
<b>b</b> Buildings	(d) Book value
b Buildings c Leasehold improvements	
<b>b</b> Buildings	5. 30,047.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020	HINDU	AMERICAN	FOUNDATION,	INC.	68
Part VII Investments -	Other Secu	rities.			

(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
escription		(b) Book value
15)	<b>L</b>	
15.)	<b>&gt;</b>	
	11e or 11f See Form 990 Part X line 25	
	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
	11e or 11f. See Form 990, Part X, line 25.	
	11e or 11f. See Form 990, Part X, line 25.	
	11e or 11f. See Form 990, Part X, line 25.	( <b>b</b> ) Book value 25,04
	11e or 11f. See Form 990, Part X, line 25.	
	11e or 11f. See Form 990, Part X, line 25.	
	11e or 11f. See Form 990, Part X, line 25.	
	11e or 11f. See Form 990, Part X, line 25.	
	11e or 11f. See Form 990, Part X, line 25.	
on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
	on Form 990, Part IV, line (b) Book value	on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (b) Book value  (c) Method of valuation: Cost or end-o

Pa	rt XI	Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per R	eturr	1.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total r	evenue, gains, and other support per audited financial statements			1	2,453,558.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a	374,291.		
b		ed services and use of facilities				
С	Recov	eries of prior year grants	2c			
d		(Describe in Part XIII.)		12,890.		
е		nes <b>2a</b> through <b>2d</b>			2e	387,181.
3	Subtra	act line <b>2e</b> from line <b>1</b>			3	2,066,377.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	14,951.		
b	Other	(Describe in Part XIII.)	4b	-7,661.		
С		nes <b>4a</b> and <b>4b</b>			4c	7,290.
5		evenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	2,073,667.
Pa	rt XII	Reconciliation of Expenses per Audited Financial State		h Expenses per	Retu	rn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12				1 600 010
1	Total e	expenses and losses per audited financial statements			1	1,632,348.
2		nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ed services and use of facilities	2a			
b	Prior y	ear adjustments	2b			
С	Other	losses	··· — —			
d	Other	(Describe in Part XIII.)	2d	7,661.		
е						
	Add lir	nes <b>2a</b> through <b>2d</b>			2e	7,661.
3		nes <b>2a</b> through <b>2d</b> act line <b>2e</b> from line <b>1</b>			2e 3	7,661. 1,624,687.
3 4	Subtra				<del></del>	
-	Subtra Amou	act line <b>2e</b> from line <b>1</b>	4a		<del></del>	
4	Subtra Amoui Invest	act line <b>2e</b> from line <b>1</b>	4a		<del></del>	1,624,687.
4 a b	Subtra Amount Invest Other	act line <b>2e</b> from line <b>1</b> nts included on Form 990, Part IX, line 25, but not on line 1: ment expenses not included on Form 990, Part VIII, line 7b	4a 4b	14,951.	<del></del>	

#### | Part XIII| Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4:

THE PURPOSE OF THE FUND IS TO GENERATE INCOME TO ENSURE THE LONG TERM FINANCIAL HEALTH AND VIABILITY OF THE HAF. NO INCOME OR PRINCIPAL FROM THE FUND SHALL BE USED FOR ANY PURPOSE THAT WOULD BE INCONSISTENT WITH THE HAF'S STANDING AS A CHARITABLE NOT-FOR-PROFIT INSTITUTION UNDER THE LAWS OF THE STATE OF FLORIDA AND SPECIFICALLY UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE. NO FUNDS SHALL BE USED DIRECTLY OR INDIRECTLY FOR THE BENEFIT OF ANY INDIVIDUAL PERSON, INCLUDING BUT NOT LIMITED TO ANY EMPLOYEE OR BOARD MEMBER OF HAF.

### PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY HINDU

#### SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization **Employer identification number** HINDU AMERICAN FOUNDATION, INC. 68-0551525 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? \_\_\_\_\_X Yes \_\_\_\_\_No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (f) Total (a) Region (c) Number of (d) Activities conducted in the region émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region SOUTH ASIA -AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES PROGRAM SERVICES COMMUNITY RELATIONS 10,000. 3 a Subtotal 0 10,000. **b** Total from continuation sheets to Part I ...... c Totals (add lines 3a 10,000.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2020

and 3b)

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH ASIA -						
		· · · · · · · · · · · · · · · · · · ·	GRANT FOR MEDICAL					
		'	SERVICES TO PAKISTANI					
		BHUTAN, INDIA,	HINDU REFUGEES	10,000.	WIRE TRANSFER	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax	
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
3	Enter total number of other organizations or entities	

Schedule F (Form 990) 2020

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

### Part IV | Foreign Forms 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may 2 be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A. Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) \_\_\_\_\_\_ Yes X No Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," 3 the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If 6 "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2020

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

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

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization

HINDU AMERICAN FOUNDATION, INC.

**Employer identification number** 68-0551525

Part I Fundraising Activities required to complete this par	Complete if the organization answit.	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	sed funds through any of the following e Solicitary Solicitary Solicitary Solicitary Special S	tion of tion of fundra I (include profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	trol of	(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			
Tatal		1	_			
Total  3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	l egistration
LHA For Paperwork Reduction Act Noti	ice, see the Instructions for Form	990 or	990-1		Schedule G (Form 9	90 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 HINDU AMERICAN FOUNDATION, INC. Fundraising Events. Complete if the organization answered "Yes" on 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 YEAR END EDUCATION (add col. (a) through GALA GALA3 col. (c)) (event type) (event type) (total number) 129,000. 66,211. 46,969. 242,180. 1 Gross receipts 46,969 129,000 63,211. 239,180. 2 Less: Contributions 3,000. 3,000. Gross income (line 1 minus line 2) 4 Cash prizes 280. 280. 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 1,800. 3,999. 199. 2,000. 8 Entertainment 332. 3,382. 267. 2,783. 9 Other direct expenses 7,661 10 Direct expense summary. Add lines 4 through 9 in column (d) -4,661. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor 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? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2020

**b** If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Sch	edule G (Form 990 or 990-EZ) 2020 HINDU AMERICAN FOUNDATION, INC. 68-0	<u>551</u>	<u>525</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	□ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a	1	%
	An outside facility	13b		<del></del>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	<u> </u>	
1-	The the flame and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party  \$			
С	If "Yes," enter name and address of the third party:			
	······································			
	Name			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	· -			
	Gaming manager compensation > \$			
	<u> </u>			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
u	water the state service licenses		Yes	☐ No
h	Fetain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. —		
J	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III li	200	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, III	163 5,	30, 100,
	100, 100, 10, and 110, as applicable. Also provide any additional information. Occ instructions.			

032083 11-25-20

Schedule G	(Form 990 or 990-EZ) <b>Supplemental Info</b>	HINDU	AMERICAN	FOUNDATION,	INC.	68-0551525 Page 4
Part IV	Supplemental Info	rmation (co	ontinued)			

# SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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

OMB No. 1545-0047

Inspection

Name of the organization

HINDU AMERICAN FOUNDATION, INC. **Employer identification number** 68-0551525

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND FOR ALL PEOPLE AND THE PLANET TO THRIVE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WITH HAF'S OBJECTIVES. HAF'S THREE AREAS OF FOCUS ARE EDUCATION.

POLICY, AND COMMUNITY. THROUGH ITS ADVOCACY EFFORTS, HAF PROMOTES

DIGNITY, MUTUAL RESPECT, AND PLURALISM IN ORDER TO ENSURE THE

WELL-BEING OF HINDUS AND FOR ALL PEOPLE AND THE PLANET TO THRIVE.

FORM 990, PART VI, SECTION B, LINE 11B:

HAF'S BOARD OF DIRECTORS REVIEWS THE FORM 990 AND VOTES ON SUBMISSION OF THE FORM TO THE INTERNAL REVENUE SERVICE. FORMS 990 ARE SIGNED BY EITHER THE EXECUTIVE DIRECTOR OR THE TREASRUER OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS REVIEWED AT LEAST ANNUALLY BY THE ALL DIRECTORS AND OFFICERS ARE REQUIRED TO COMPLETE AND SIGN A DIRECTORS. CONFLICT OF INTEREST STATEMENT ANNUALLY. A DIRECTOR OR OFFICER WITH A CONFLICT OF INTEREST IS PROHIBITED FROM PARTICIPATING IN DELIBERATIONS AND DECISIONS REGARDING THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS DETERMINED BY THE BOARD BASED UPON INDUSTRY STANDARDS AND COMPARABILITY DATA.

FORM 990, PART VI, SECTION C, LINE 19:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization HINDU AMERICAN FOUNDATION, INC.	Employer identification number 68-0551525
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE FORM	1 990 IS AVAILABLE
ON THE ORGANIZATION'S WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY HINDU	
HERITAGE ENDOWMENT	12,890.