

Return of Organization Exempt From Income Tax

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

- ▶ **Do not enter Social Security numbers on this form as it may be made public.**
▶ **Information about Form 990 and its instructions is at www.irs.gov/form990.**

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning		, 2013, and ending	, 20
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Indo American Cultural and Religious Foundation		D Employer identification no. 86-0620445
	Doing Business As		E Telephone number (623)930-9567
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 35275		G Gross receipts \$
	City or town, state or province, country, and ZIP or foreign postal code Phoenix, AZ 85069		966,847
F Name and address of principal officer: Kul Bhushan Chhibber Same as C above		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ N/A			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1995	M State of legal domicile: AZ

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To provide a fellowship hall for members and guests and rental facility for associated groups and a location to hold religious and cultural meetings and gatherings.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	740
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	740
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	40
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	94,649
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 706,051	Current Year 562,988
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	51,910	109,128
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	757,995	672,116
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	70,669	90,509
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	378,305	341,673
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	448,974	432,182	
19 Revenue less expenses. Subtract line 18 from line 12	309,021	239,934	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,001,566	End of Year 4,949,491
	21 Total liabilities (Part X, line 26)	1,501,380	1,209,371
	22 Net assets or fund balances. Subtract line 21 from line 20	3,500,186	3,740,120

Part II Signature Block						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
Sign Here	Signature of officer				Date	
	Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name Selina Ashworth	Preparer's signature Selina Ashworth	Date 11-04-2014	Check <input type="checkbox"/> if self-employed	PTIN P00968171	
	Firm's name ▶ Selina J Ashworth CPA PLLC	Firm's EIN ▶				
	Firm's address ▶ 3514 N Power Road Ste 127 Mesa AZ 85215	Phone no. 480-945-0623				

May the IRS discuss this return with the preparer shown above? (see instructions) **Yes** **No**

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2013)

Part III Statement of Program Service Accomplishments

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

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

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

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

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

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

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

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

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

4e Total program service expenses

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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 in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AZ
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Nate Bhadriraju (623)930-9567, PO BOX 35275, Phoenix, AZ 85069

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Lalit Patel Director	10.00	X					0	0	0	
(2) Jay Ankur Bansal Trustee Chairperson	3.00	X					0	0	0	
(3) Ashok Patel Trustee Vice Chairperson	3.00	X					0	0	0	
(4) Dhiren Patel Trustee Vice Chairperson	3.00	X					0	0	0	
(5) Mahesh Patel Treasurer	5.00			X			0	0	0	
(6) Kul Bhushan Chhibber President	3.00			X			0	0	0	
(7) Kalpana Batni Vice President	5.00			X			0	0	0	
(8) Vasu Atluri Director	5.00			X			0	0	0	
(9) Madhusudan Bhakta Vice President	5.00			X			0	0	0	
(10) Jai Seecharran Director	5.00			X			0	0	0	
(11) Nate Bhadriraju Treasurer	5.00			X			0	0	0	
(12) Manish Gupta Secretary	5.00			X			0	0	0	
(13) Vikram Shah Publicity	3.00			X			0	0	0	
(14) Satyapal Mittal Vice President	3.00			X			0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Bajarang Agrawal Vice President	3.00			X				0	0	0
(16) Sangeetha Sethia Secretary	3.00			X				0	0	0
(17) Dipen Patel Treasurer	3.00			X				0	0	0
(18) Rajeev Dave Publicity	3.00			X				0	0	0
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	0	0

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 562,988					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		562,988				
Program Service Revenue	2a Business Code						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	82,161				
		(ii) Personal					
		b Less: rental expenses	67,682				
	c Rental income or (loss)	14,479					
	d Net rental income or (loss)		14,479	14,479			
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	321,698				
		b Less: direct expenses	227,049				
c Net income or (loss) from fundraising events			94,649	94,649			
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			672,116	14,479	94,649	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	82,884		82,884	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	7,625		7,625	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,356		1,356	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	13,114		13,114	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	763		763	
20 Interest	71,154		71,154	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	135,999		135,999	
23 Insurance	26,425		26,425	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Bank Charges	3,604		3,604	
b Postage	194		194	
c Program Supplies	27,522		27,522	
d Contract Labor	49,756		49,756	
e All other expenses	11,786		11,786	
25 Total functional expenses. Add lines 1 through 24e	432,182	0	432,182	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	268,808	1	216,733	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,758,808			
	b Less: accumulated depreciation	10b 1,034,005	4,724,803	10c	4,724,803
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		7,955	15	7,955
16 Total assets. Add lines 1 through 15 (must equal line 34)		5,001,566	16	4,949,491	
Liabilities	17 Accounts payable and accrued expenses		17		
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	1,262,641	23	1,083,721	
	24 Unsecured notes and loans payable to unrelated third parties	238,739	24	124,238	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	1,412	
	26 Total liabilities. Add lines 17 through 25		1,501,380	26	1,209,371
Net Assets of Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	3,500,186	27	3,740,120	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	3,500,186	33	3,740,120	
	34 Total liabilities and net assets/fund balances	5,001,566	34	4,949,491	

Part XI Reconciliation of Net Assets

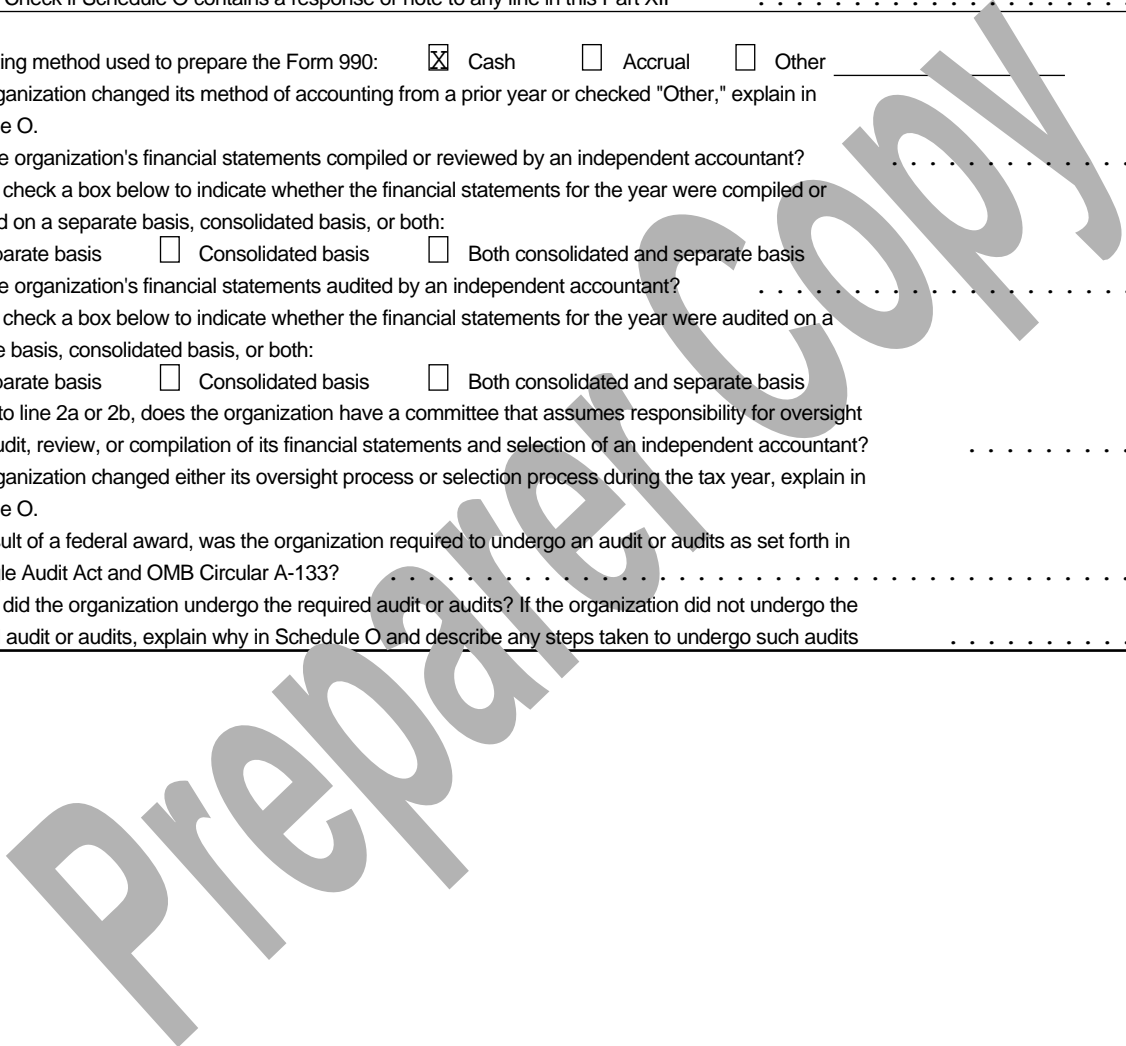
Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	672,116
2	Total expenses (must equal Part IX, column (A), line 25)	2	432,182
3	Revenue less expenses. Subtract line 2 from line 1	3	239,934
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,500,186
5	Net unrealized gains (losses) on investments	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 in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,740,120

Part 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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		



SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **Indo American Cultural and Religious Foundation** Employer identification number: **86-0620445**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III-Functionally integrated
 - d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2012 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 16b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or bus. under sec 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; b Amounts included on lines 2 and 3 received from other than disqualified persons; c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows: 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) - 99.94%; 16 Public support percentage from 2012 Schedule A, Part III, line 15 - 99.92%

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows: 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) - 0.06%; 18 Investment income percentage from 2012 Schedule A, Part III, line 17 - %

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

2013

Name of the organization

Indo American Cultural and Religious Foundation

Employer identification number

86-0620445

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Jay and Rajani Bansal PO BOX 35275 Phoenix, AZ 85069	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Prakash and Pushpa Deshmukh PO BOX 35275 Phoenix, AZ 85069	\$ 7,254	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Treve Gibson PO BOX 35275 Phoenix, AZ 85069	\$ 8,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Mahesh Shah PO BOX 35275 Phoenix, AZ 85069	\$ 10,929	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Drs Vasudeva & Satyavathi Atluri 7622 E Rose Garden Lane Scottsdale, AZ 85255	\$ 9,014	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Bhargavi Joshi PO BOX 35275 Phoenix, AZ 85069	\$ 6,651	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Anil and Smita Samant PO BOX 35275 Phoenix, AZ 85069	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Lalit and Shanti Patel 2314 S Alta Vista Circle Mesa, AZ 85202	\$ 6,506	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Jai and Chandra Seecharan PO BOX 35275 Phoenix, AZ 85069	\$ 7,251	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Subhash and Manisha Thathi PO BOX 35275 Phoenix, AZ 85069	\$ 11,001	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Neal Uppal PO BOX 35275 Phoenix, AZ 85069	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2013

Attach to Form 990.

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Department of the Treasury Internal Revenue Service

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

Name of the organization

Indo American Cultural and Religious Foundation

Employer identification number

86-0620445

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B), 9 In Part XIII, describe how the organization reports conservation easements.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	2,113,800			2,113,800
b Buildings	3,574,429		1,013,113	2,561,316
c Leasehold improvements				
d Equipment	70,579		20,892	49,687
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,724,803

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL TAX LIABILITY	1,412
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

Indo American Cultural and Religious Foundation

86-0620445

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

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

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

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Special Even (event type)	(event type)	None (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	321,698		321,698
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	321,698		321,698
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	227,049		227,049
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				94,649

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

Indo American Cultural and Religious Foundation

86-0620445

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

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

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

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

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

All matters affecting the organization are voted upon before passage.

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

The return will be viewed by the board before filing

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

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

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

Prior Accumulated Depreciation not properly recorded

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

2013
Attachment
Sequence No. **179**

Name(s) shown on return Indo American Cultural and Relig	Business or activity to which this form relates FORM 990 - 1	Identifying number 86-0620445
--	--	---

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)		1
2	Total cost of section 179 property placed in service (see instructions)		2
3	Threshold cost of section 179 property before reduction in limitation (see instructions)		3
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-		4
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions		5
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8
9	Tentative deduction. Enter the smaller of line 5 or line 8		9
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562		10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)		
15	Property subject to section 168(f)(1) election		
16	Other depreciation (including ACRS)		94,106

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013		35,322
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property Statement #50						3,217
d	10-year property						
e	15-year property Statement #51						3,354
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L
b	12-year			12 yrs.		S/L
c	40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28		
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions		135,999
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **Nate Bhadriraju, PO BOX 35275, Phoenix, AZ 85069**
 Telephone No. **623-930-9567** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11-17, 2014.
- 5 For calendar year 2013, or other tax year beginning _____, 20__ and ending _____, 20__.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension
Still gathering final donor information

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

EEA Form 8868 (Rev. 1-2014)

Federal Supporting Statements

2013 PG01

Name(s) as shown on return

FEIN

Indo American Cultural and Religious Foundation

86-0620445

FORM 4562 - LINE 19C

Statement #50

BASIS	RP	CV	METHOD	DEDUCTION
1,900	7	HY	200 DB	272
7,169	7	HY	200 DB	1,024
5,200	7	HY	200 DB	743
8,243	7	HY	200 DB	<u>1,178</u>
TOTAL				<u>3,217</u>

FORM 4562 - LINE 19E

PG01
Statement #51

BASIS	RP	CV	METHOD	DEDUCTION
4,173	15	HY	150 DB	209
44,906	15	HY	150 DB	2,245
9,000	15	HY	150 DB	450
9,000	15	HY	150 DB	<u>450</u>
TOTAL				<u>3,354</u>

Preparer Copy

Name(s) as shown on return

FEIN

Indo American Cultural and Religious Foundation

86-0620445

Other Revenues

Description	Amount
Donations and collections	\$ 196,096
Hundi Collection	134,785
Priest Services and Pujas	28,305
Insurance Proceeds	203,802
Total:	\$ 562,988

Rental Expenses

Description	Amount
Deposit Refunds	\$ 13,285
Landscaping and Janitorial	3,757
Security Monitoring	3,240
Utilities	47,400
Total:	\$ 67,682

Description	Amount
SPECIAL EVENTS AND CELEBRATIONS	\$ 321,698
Total:	\$ 321,698

Description	Amount
BANQUET	\$ 2,947
CHARITY WALK	1,451
FESTIVAL	21,670
FOOD FOR SHELTER	2,673
GOLF	39,932
KITE FLYING EVENT	3,164
SILVER JUBILEE	36,437
SPECIAL EVENTS OTHER	118,625
CULTURAL PROGRAM EXPENSES	150
Total:	\$ 227,049

Name(s) as shown on return

FEIN

Indo American Cultural and Religious Foundation

86-0620445

All Other Expenses

Description	Amount
Business Licenses and Permits	\$ 2,832
Telephone Expense	7,531
Repairs and Maintenance	1,423
Total:	\$ 11,786

Preparer Copy

* Item was disposed of during current year.

Depreciation Detail Listing

Management & General

2013

PAGE 1

For your records only

Indo American Cultural and Religious Foundation											Social security number/EIN 86-0620445				
No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	BUILDING	19920701	897,259		100.00		897,259	31.5	SL	MM	3.175	618,846			28,484
2	IMPROVEMENTS	20020701	9,241		100.00		9,241	15	150	DB	HY	5.9	7,330		545
3	IMPROVEMENTS	20040701	177,468		100.00		177,468	15	150	DB	HY	5.9	122,214		10,471
4	IMPROVEMENTS	20050714	52,962		100.00		52,962	15	150	DB	HY	5.91	32,635		3,130
5	IMPROVEMENTS	20070701	40,455		100.00		40,455	15	150	DB	HY	5.9	20,151		2,387
6	PROJECTOR	20080701	8,885		100.00		8,885	5	200	DB	HY	5.76	8,885		296
7	EXTERIOR LIGHTING	20080701	607		100.00		607	5	200	DB	HY	5.76	607		21
8	STAGE TRACK LIGHTING	20080701	3,561		100.00		3,561	5	200	DB	HY	5.76	3,561		119
9	SOUND SYSTEM	20080701	4,616		100.00		4,616	5	200	DB	HY	5.76	4,616		154
10	FREEZER	20080701	2,950		100.00		2,950	5	200	DB	HY	5.76	2,950		99
11	EXTERNAL SIGN	20080701	760		100.00		760	5	200	DB	HY	5.76	760		24
12	BUILDING TRANSFERRED	20090401	2,067,105		100.00		2,067,105	31.5	SL	MM	3.175	308,977			65,622
13	LAND	20090401	2,113,800	113,800	100.00		0	0			0				
14	BUILDING DESIGN FEE	20110401	5,000		100.00		5,000	15	150	DB	HY	8.55	1,152		428
15	IMPROVEMENTS	20110201	10,491		100.00		10,491	15	150	DB	HY	8.55	2,419		897
16	IMPROVEMENTS	20110301	3,009		100.00		3,009	15	150	DB	HY	8.55	693		257
17	IMPROVEMENTS	20110701	8,225		100.00		8,225	15	150	DB	HY	8.55	1,895		703
18	IMPROVEMENTS	20110901	27,365		100.00		27,365	15	150	DB	HY	8.55	6,308		2,340
19	IMPROVEMENTS	20111201	1,821		100.00		1,821	15	150	DB	HY	8.55	420		156
20	CONSTRUCTION COSTS	20120203	2,658		100.00		2,658	31.5	SL	MM	3.175	158			84
21	CONSTRUCTION COSTS	20120608	2,800		100.00		2,800	31.5	SL	MM	3.175	137			89
22	CONSTRUCTION COSTS	20120315	27,240		100.00		27,240	31.5	SL	MM	3.175	1,550			865
23	CONSTRUCTION COSTS	20120409	26,831		100.00		26,831	31.5	SL	MM	3.175	1,455			852
24	CONSTRUCTION COSTS	20120515	17,289		100.00		17,289	31.5	SL	MM	3.175	892			549
25	CONSTRUCTION COSTS	20120518	6,983		100.00		6,983	31.5	SL	MM	3.175	361			222
26	CONSTRUCTION COSTS	20120612	89,688		100.00		89,688	31.5	SL	MM	3.175	4,391			2,847
27	CONSTRUCTION COSTS	20120912	11,106		100.00		11,106	31.5	SL	MM	3.175	456			353
28	CONSTRUCTION COSTS	20121022	5,705		100.00		5,705	31.5	SL	MM	3.175	219			181
29	CONSTRUCTION COSTS	20121130	42,712		100.00		42,712	31.5	SL	MM	3.175	1,526			1,356
30	CHAIRS	20120322	5,200		100.00		5,200	7	200	DB	HY	24.49	2,016		995

* Item was disposed of during current year.

Depreciation Detail Listing

Management & General
For your records only

2013
PAGE 2

Indo American Cultural and Religious Foundation																	
										Social security number/EIN 86-0620445							
No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current		
31	CONSTRUCTION COSTS	20120824	941		100.00		941	31.5	SL	MM	3.175	41			30		
32	CONSTRUCTION COSTS	20120706	1,600		100.00		1,600	31.5	SL	MM	3.175	51			51		
33	CONSTRUCTION COSTS	20120803	2,000		100.00		2,000	31.5	SL	MM	3.175	87			63		
34	CONSTRUCTION COSTS	20120711	2,500		100.00		2,500	31.5	SL	MM	3.175	115			79		
35	CONSTRUCTION COSTS	20120720	21,041		100.00		21,041	31.5	SL	MM	3.175	668			668		
36	CONSTRUCTION COSTS	20120721	46,715		100.00		46,715	31.5	SL	MM	3.175	2,163			1,483		
37	CONSTRUCTION COSTS	20120728	12,600		100.00		12,600	31.5	SL	MM	3.175	583			400		
38	CONSTRUCTION COSTS	20120817	1,200		100.00		1,200	31.5	SL	MM	3.175	52			38		
39	CONSTRUCTION COSTS	20120824	35,874		100.00		35,874	31.5	SL	MM	3.175	1,566			1,139		
40	CONSTRUCTION COSTS	20120904	2,400		100.00		2,400	31.5	SL	MM	3.175	98			76		
41	CONSTRUCTION COSTS	20120911	2,200		100.00		2,200	31.5	SL	MM	3.175	90			70		
42	CONSTRUCTION COSTS	20121230	322		100.00		322	31.5	SL	MM	3.175	10			10		
43	IMPROVEMENTS	20130315	4,173		100.00		4,173	15	150 DB HY	5	209	209			209		
44	IMPROVEMENTS	20130402	44,906		100.00		44,906	15	150 DB HY	5	2,245	2,245			2,245		
45	IMPROVEMENTS	20131205	9,000		100.00		9,000	15	150 DB HY	5	450	450			450		
46	LIFT EQUIP	20130221	1,900		100.00		1,900	7	200 DB HY	14.29	272	272			203		
47	CAMERA SYSTEM	20130416	7,169		100.00		7,169	7	200 DB HY	14.29	1,024	1,024			768		
48	IMPROVEMENTS	20130322	9,000		100.00		9,000	15	150 DB HY	5	450	450			450		
49	CHAIRS	20130611	5,200		100.00		5,200	7	200 DB HY	14.29	743	743			557		
50	TABLES	20131220	8,243		100.00		8,243	7	200 DB HY	14.29	1,178	1,178			883		
Totals			5,892,776	113,800			3,778,976				135,999	1,170,004			134,398		
Land Amount																	
Net Depreciable Cost															ST ADU:		

5,892,776

Next Year's Depreciation

2013

Name							FEIN
Indo American Cultural and Religious Foundation							86-0620445
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
MGT	1	BUILDING	19920701	897,259	SL	31.5	28,484
MGT	1	IMPROVEMENTS	20020701	9,241	M	15	546
MGT	1	IMPROVEMENTS	20040701	177,468	M	15	10,488
MGT	1	IMPROVEMENTS	20050714	52,962	M	15	3,125
MGT	1	IMPROVEMENTS	20070701	40,455	M	15	2,387
MGT	1	PROJECTOR	20080701	8,885	M	5	
MGT	1	EXTERIOR LIGHTING	20080701	607	M	5	
MGT	1	STAGE TRACK LIGHTING	20080701	3,561	M	5	
MGT	1	SOUND SYSTEM	20080701	4,616	M	5	
MGT	1	FREEZER	20080701	2,950	M	5	
MGT	1	EXTERNAL SIGN	20080701	760	M	5	
MGT	1	BUILDING TRANSFERRED IN	20090401	2,067,105	SL	31.5	65,622
MGT	1	LAND	20090401		NDA	0	
MGT	1	BUILDING DESIGN FEE	20110401	5,000	M	15	385
MGT	1	IMPROVEMENTS	20110201	10,491	M	15	808
MGT	1	IMPROVEMENTS	20110301	3,009	M	15	232
MGT	1	IMPROVEMENTS	20110701	8,225	M	15	633
MGT	1	IMPROVEMENTS	20110901	27,365	M	15	2,107
MGT	1	IMPROVEMENTS	20111201	1,821	M	15	140
MGT	1	CONSTRUCTION COSTS	20120203	2,658	M	31.5	84
MGT	1	CONSTRUCTION COSTS	20120608	2,800	M	31.5	89
MGT	1	CONSTRUCTION COSTS	20120315	27,240	M	31.5	865
MGT	1	CONSTRUCTION COSTS	20120409	26,831	M	31.5	852
MGT	1	CONSTRUCTION COSTS	20120515	17,289	M	31.5	549
MGT	1	CONSTRUCTION COSTS	20120518	6,983	M	31.5	222
MGT	1	CONSTRUCTION COSTS	20120612	89,688	M	31.5	2,847
MGT	1	CONSTRUCTION COSTS	20120912	11,106	M	31.5	353
MGT	1	CONSTRUCTION COSTS	20121022	5,705	M	31.5	181
MGT	1	CONSTRUCTION COSTS	20121130	42,712	M	31.5	1,356
MGT	1	CHAIRS	20120322	5,200	M	7	909
MGT	1	CONSTRUCTION COSTS	20120824	941	M	31.5	30
MGT	1	CONSTRUCTION COSTS	20120706	1,600	M	31.5	51
MGT	1	CONSTRUCTION COSTS	20120803	2,000	M	31.5	63
MGT	1	CONSTRUCTION COSTS	20120711	2,500	M	31.5	79
MGT	1	CONSTRUCTION COSTS	20120720	21,041	M	31.5	668
MGT	1	CONSTRUCTION COSTS	20120721	46,715	M	31.5	1,483
MGT	1	CONSTRUCTION COSTS	20120728	12,600	M	31.5	400
MGT	1	CONSTRUCTION COSTS	20120817	1,200	M	31.5	38
MGT	1	CONSTRUCTION COSTS	20120824	35,874	M	31.5	1,139
MGT	1	CONSTRUCTION COSTS	20120904	2,400	M	31.5	76
MGT	1	CONSTRUCTION COSTS	20120911	2,200	M	31.5	70
MGT	1	CONSTRUCTION COSTS	20121230	322	M	31.5	10
MGT	1	IMPROVEMENTS	20130315	4,173	M	15	396
MGT	1	IMPROVEMENTS	20130402	44,906	M	15	4,266
MGT	1	IMPROVEMENTS	20131205	9,000	M	15	855
MGT	1	LIFT EQUIP	20130221	1,900	M	7	465
MGT	1	CAMERA SYSTEM	20130416	7,169	M	7	1,756
MGT	1	IMPROVEMENTS	20130322	9,000	M	15	855
MGT	1	CHAIRS	20130611	5,200	M	7	1,273
MGT	1	TABLES	20131220	8,243	M	7	2,019
TOTAL							139,256

990

Tax Exempt
Diagnostic Summary

2013

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

Mailing Address:

PO BOX 35275
Phoenix, AZ 85069

Phone: (623)930-9567

Resident State: AZ

Diagnostics

Preparer: Selina Ashworth

Invoice:

Date: 11-04-2014

Return Information

Item on Return	2013 Federal	2012 Federal (If available)
Total Revenue	672,116	757,995
Total Expenses	432,182	448,974
Net Excess (Deficit)	239,934	309,021
Net Assets or Fund Balances	3,740,120	3,500,186

State/City Information

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

Preparer Copy

For the calendar year 2013 or fiscal year beginning _____ and ending _____.

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

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

A Date Arizona operations began: 01-01-1995
 B Nature of Arizona activities: Religious Organization
 C Federal form filed: 990 990-EZ Other (specify) _____

Attach a copy of the organization's federal return.

CHECK BOX IF return filed under extension:

82C 3-month federal
 82F 6-month Arizona/federal

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

NONPROFIT MEDICAL MARIJUANA DISPENSARY (NMMD) ONLY -

D NMMD Registry Identification Number: _____
 E What type of entity is the dispensary?
 Corporation Limited Liability Company (LLC) Partnership S corporation
 Sole Proprietorship
 F If the dispensary is an LLC, what is the federal tax classification?
 Corporation Disregarded Entity Partnership S corporation
 If the dispensary is an LLC, a partnership or an S corporation, **attach a schedule** that lists ownership information including name, address, TIN, and ownership percentage at the end of the tax year.
 G Federal form filed: 1040 1041 1065 1120 1120-S Other (specify) _____
 H Check this box if you attached a copy of the dispensary's federal return to its Arizona Form 120S or Form 165 when it was filed; do not attach a copy of the same return to this form. **Otherwise, attach a copy of the dispensary's federal return.**

81 PM

66 RCVD

Sources of Income

1	Gross sales from business activities	1	403,859	00
2	Less - Cost of goods sold or of operations - attach itemized statement	2		00
3	Gross profit from business activities - subtract line 2 from line 1	3	403,859	00
4	Interest	4		00
5	Dividends	5		00
6	Rents and royalties	6		00
7	Gain or (loss) from sales of assets, excluding inventory items	7		00
8	Dues, assessments, etc., from members	8		00
9	Dues, assessments, etc., from affiliates	9		00
10	Contributions, gifts, grants, etc., received	10	562,988	00
11	Other income - attach itemized statement	11		00
12	Total income - add lines 3 through 11	12	966,847	00

Administrative Expenses

13	Compensation of officers, directors, trustees, etc	13		00
14	Salaries and wages - other than amounts included on line 2	14	90,509	00
15	Interest	15		00
16	Taxes	16		00
17	Rent expense	17		00
18	Depreciation - attach schedule	18		00
19	Miscellaneous expenses - attach itemized statement	19	341,673	00
20	Total expenses - add lines 13 through 19	20	432,182	00

Disbursements

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

Accumulation of Income

24	Accumulation of income in current year - line 12 less the sum of lines 20, 21, 22, and 23	24	534,665	00
25	Accumulation of income at beginning of year	25		00
26	Accumulation of income at end of year - add lines 24 and 25	26	534,665	00

Penalty

27	Penalty for late filing or incomplete filing. See instructions	27		00
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THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. 48-1125(K).

SCHEDULE A - Disbursements From Current Income for Exempt Purposes

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

SCHEDULE B - Disbursements From Principal for Exempt Purposes

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

SCHEDULE C - Balance Sheet

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

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

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1)

Indo American Cultural and Religi

EIN

86-0620445

Declaration

Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here

	05-13-2014	
OFFICER'S SIGNATURE	DATE	TITLE

Paid Preparer's Use Only

Selina Ashworth	11-04-2014	P00968171
PAID PREPARER'S SIGNATURE	DATE	PAID PREPARER'S PTIN
Selina J Ashworth CPA PLLC	26-3005281	
FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF EMPLOYED)	FIRM'S <input checked="" type="checkbox"/> EIN OR <input type="checkbox"/> SSN	
Mesa	480-945-0623	
FIRM'S STREET ADDRESS	FIRM'S TELEPHONE NUMBER	
3514 N Power Road Ste 127	AZ	85215
CITY	STATE	ZIP CODE

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

Preparer Copy