# TATIYA ACCOUNTAX INC

99 Mayflower Ave

Williston Park, NY 11596 hemant@tatiyacpa.com, neetu@tatiyacpa.com Phone: (516)742-4145 | Fax: (516)908-4378 www.tatiyacpa.com

October 12, 2015

India Home Inc 69-55 260th Pl Glen Oaks, NY 11004

Your privacy is important to us. Please read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, please contact us.

Sincerely,

Neetu Solanki Jain CPA TATIYA ACCOUNTAX INC

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October 12, 2015

India Home Inc 69-55 260th Pl Glen Oaks, NY 11004

Subject: Preparation of 2014 Tax Returns

India Home Inc:

Thank you for choosing TATIYA ACCOUNTAX INC to assist with the 2014 taxes for India Home Inc. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2014 federal and state income tax returns for India Home Inc. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted.

It is the management's responsibility to provide all necessary information and to respond to our inquiries in a timely manner so that we can prepare complete and accurate returns. The law imposes penalties when taxpayers underestimate their tax liability.

Management is responsible for maintaining appropriate records and supporting documents such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets etc. Management should securely store these records as these items may later be needed to prove accuracy and completeness of a return, in case the return is examined. Therefore, we recommend that ymanagement retains all pertinent records for at least seven years.

It is management's responsibility to review the returns before they are filed to determine all income has been correctly reported and that you have substantiation for your deductions.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of India Home Inc, the alternative selected by management.

If the returns are selected for examination, we will be glad to represent you, if management desires. Our fees for preparing the tax returns do not include time that might be necessary to assist you during a tax authority examination.

Our fee will be based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not

paid within thirty (30) days.
We will return the original records to management at the end of this engagement. These records, along with all supporting documents, canceled checks, etc., should be securely stored, as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of the records and our work papers for the engagement for seven years, after which these documents will be destroyed.
Our engagement to prepare the 2014 tax returns will conclude with the delivery of the completed returns to management. This return will be efiled once the signed efile authorization forms are received(if e-filing) If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities.
To affirm that this letter correctly summarizes the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.
We appreciate your confidence in us. Please call if you have questions.
Sincerely,
Neetu Solanki Jain CPA TATIYA ACCOUNTAX INC
Accepted By:
Officer
Date

# TATIYA ACCOUNTAX INC

99 Mayflower Ave

Williston Park, NY 11596 hemant@tatiyacpa.com, neetu@tatiyacpa.com Phone: (516)742-4145 | Fax: (516)908-4378 www.tatiyacpa.com

October 12, 2015

India Home Inc 69-55 260th Pl Glen Oaks, NY 11004

India Home Inc:

We have prepared the enclosed 2014 federal return for a tax-exempt organization, for India Home Inc from the information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. If the returns are examined, requests may be made for supporting documentation. Please retain all pertinent supporting documents for at least seven years.

Please follow the signing and filing instructions carefully. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Enclosed is the 2014 New York Privilege Tax & Annual Report return for India Home Inc, prepared from the information provided. The original should be signed and dated, and mailed on or before May 15, 2015, to the following address:

Charities Bureau
Registration Section
120 Broadway
New York, NY 10271
(Payable to New York Department of Law)

The organization's New York Privilege Tax & Annual Report return reflects a balance due of \$50.

Check the state's website for the electronic payment options available. If not paying electronically, mail the payment to the following address:

Charities Bureau
Registration Section
120 Broadway
New York, NY 10271
(Payable to New York Department of Law)

Please note that annual reports are not included in the tax return filings. Please file annual reports and pay associated processing fees each year as required. The filing fee and deadlines differ from state to state. Please let us know if you need any assistance.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in
your financial affairs or of any correspondence received from tax authorities.
Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at (516)742-4145.
Sincerely,
Neetu Solanki Jain CPA TATIYA ACCOUNTAX INC
TATITA ACCOUNTAX INC

# IRS e-file Signature Authorization for an Exempt Organization

or calendar vear 2014, or fis	cal vear beginning	. and ending

Do not send to the IRS. Keep for your records. ▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. 2014

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization	Employer identification number
INDIA HOME INC	20-8747291
Name and title of officer	
AMIT SOOD, TREASURER	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from 18879-EO and 18879	om the return. If you
check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with the	this form was blank, then
leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the	ne return, then enter -0- on
the applicable line below. <b>Do not</b> complete more than 1 line in Part I.	
1a Form 990 check here <b>b a b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5	i) 4b
5a Form 8868 check here b D b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	
Part II Declaration and Signature Authorization of Officer	
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy	of the
organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge	
are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of	
organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return	
to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refu	
authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct deb	
financial institution account indicated in the tax preparation software for payment of the organization's federal taxes	owed on this
return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. T	
Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer	
resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the	
electronic return and, if applicable, the organization's consent to electronic funds withdrawal.	io organization o
Officer's PIN: check one box only	
X I authorize TATIYA ACCOUNTAX INC to enter my PIN 22222	as my signature
ERO firm name Enter five numbers,	
do not enter all zero	
on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a cop	
being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authori	ize the aforementioned
ERO to enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 el	actronically filed return
If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating	
the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	g onamico de part el
	N 10 07 2015
Officer's signature Part III Certification and Authentication	10-07-2015
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
	14505 11353
Trumber (El IIV) followed by your live digit self-selected I IIV.	do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the	organization
indicated above. I confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> ,	
Information for Authorized IRS e-file Providers for Business Returns.	

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

ERO's signature

#### 990 Form

# **Return of Organization Exempt From Income Tax**

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

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u></u>	For the	2014 calend	dar year, or tax year begini	ning		, 2014, and en	nding	, 20
	Check if a		C Name of organization INDIA					D Employer identification no.
	Address c	hange	Doing business as					20-8747291
	Name cha	inge	Number and street (or P.O. bo	x if mail is not delivered	d to street address)		Room/suite	E Telephone number
	Initial retu	rn	69-55 260TH PL					(516)859-5125
	Final retur	rn/terminated	City or town, state or province	, country, and ZIP or fo	reign postal code			x <b>xxxxx</b> xx5169,240
	Amended	return	GLEN OAKS, NY 110					<b>G</b> Gross receipts\$
	Application	n pending	F Name and address of principa		SOOD			
			448 CHESTNUT ST,		AD, NY 11552		H(a) Is this a group subordinates?	return for Yes X No
	Tax-exem	pt status:		) <b>(</b> insert no.)	4947(a)(1) or	527	H(b) Are all subordi	inates included? Yes No
J	Website:		W.INDIAHOME.ORG	, , ,			If "No," at H(c) Group exempt	ttach a list. (see instructions)
				ociation Other	,	L Year of formation: 20		egal domicile: NY
Pa	rt I	Summar		<del></del>		•	,	
	1		ibe the organization's mission	n or most significar	t activities: TO	MAKE A DIFFEREN	CE IN THE OUAL	ITY OF LIFE
		•	ORS OF INDIAN ORIGIN	-			~ ~ ~	
Activities & Governance			PROVIDING COMPASSION			TIVE, INDIAN EN	VIRONMENT. TO	
naı			COMMUNITY SOCIAL SERV					ETC.
Š	2		ox I if the organization					
တိ	3		oting members of the govern		•		1	3   11
•ඊ ග	4		ndependent voting members	• • • • • • • • • • • • • • • • • • • •	,			4 6
iţi	5		er of individuals employed in o	0 0	,			5 6
듩	6		er of volunteers (estimate if ne	,	, ,			6 15
ĕ			ted business revenue from Pa	• ,				7a 0
			d business taxable income fr	. ,				7b 0
	<b>+</b> ~	1 tot armolatot	a buonnood taxtable inteerne in	<u> </u>			Prior Year	Current Year
	8	Contributions						
ē	9		s and grants (Part VIII, line 1I vice revenue (Part VIII, line 2	•			155,0 25,0	
en		-	ncome (Part VIII, column (A),				25,0	0
Revenue	11		ue (Part VIII, column (A), line:					0
-	12				•		100.0	
	13		ue - add lines 8 through 11 (m	•			180,0	090 169,240
	14		similar amounts paid (Part IX	. ,	•			0
			d to or for members (Part IX,			<del>-</del>	104 1	
es			er compensation, employee	,	, ,		104,1	79,496
Expenses			I fundraising fees (Part IX, col			15 025		· ·
×			ising expenses (Part IX, colur			15,035	114,1	175 93,189
-			ses (Part IX, column (A), line ses. Add lines 13-17 (must e				218,2	
	1		`	· .	, ,		(38,1	
	19	Revenue les	ss expenses. Subtract line 18	silonillile 12 .				
tso	20	Total accets	(Part X, line 16)				Beginning of Current Ye	
Asse	21		es (Part X, line 26)				1,3	
Net Assets or Find Balances	22		or fund balances. Subtract lin	e 21 from line 20		-	(136,9	
$\overline{}$	rt II		re Block	e z i iloin iile zo			(130,3	(130,302)
			clare that I have examined this return	n, including accompany	ing schedules and stateme	ents, and to the best of my k	knowledge and belief, it is	
true, o	correct, an	nd complete. Dec	claration of preparer (other than office	cer) is based on all info	mation of which preparer h	nas any knowledge.		
		<b>АМТТ</b>	SOOD					
Sig	n		ure of officer					Date
Her		ΔМΤΤ	SOOD, TREASURER					
			r print name and title					
		<del>,</del>		Dropororio sissetti		Date	Check if	PTIN
Pai	Ч		reparer's name	Preparer's signature	TATM CDA	10-12-2015		
	u parer			NEETU SOLANKI		μυ-12-2015	self-employed	P01027745
	-			CCOUNTAX INC			Firm's EIN	
USE	Only	Firm's addres	=		6		Phone no.	-742-4145
N.4	the IDO	diagree #: '-		Park NY 1159			516-	·742-4145 
ıvıay	the IRS	aiscuss this r	return with the preparer show	/n above? (see ins	ructions)			X  Yes     No

Form	n 990 (2014) INDIA HOME INC 20-8747291	Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u>⊔</u>
1	Briefly describe the organization's mission:	
	TO MAKE A DIFFERENCE IN THE QUALITY OF LIFE FOR SENIORS OF INDIAN ORIGIN AND PEOPLE WITH	
	SPECIAL	
	NEEDS BY PROVIDING COMPASSIONATE CARE IN CULTURALLY SENSITIVE, INDIAN ENVIRONMENT. TO PROVIDE	
	COMMUNITY SOCIAL SERVICES, HOME CARE SERVICES, ADULT DAY CARE, TRANSPORTATION ETC.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
3	services?	No
	If "Yes," describe these changes on Schedule O.	140
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 \$126,461 including grants of \$) (Revenue \$10,	768 )
	SERVED SENIORS BY PROVIDING PROGRAMS THAT INCLUDED: YOGA, MEDITATION, SPIRITUAL	
	DISCUSSIONS, ENGLISH, COMPUTERS AND CITIZENSHIP CLASSES, RECREATIONAL ACTIVITIES, TRIPS, ARTS	
	ETC. SERVED 500-600 SENIORS / WEEK AT 3 CENTERS. A NEW CENTER WAS OPENED PROVIDING SERVICES 3	
	DAYS A WEEK.	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
-10	(code:) (Expenses $\psi$ more any grains of $\psi$ ) (November $\psi$	′
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 126,461	

20-8747291 Page 3

# 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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
Ū	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	-		25
9				
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
40		9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		X
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		3.7	
	complete Schedule D, Part VI	11a	_X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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 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 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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Χ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	,			<del>'</del>

Form 990 (2014) INDIA HOME INC 20-8747291 Page 4

# Part IV Checklist of Required Schedules (continued)

22 Did the organization report more than \$5.000 of grants or other assistance to of ordamestic individuals on Part IX, couning (A), lier 21 "I "res," complete Schedule I. Parts I and III   22   2   2   2   2   2   2   2				Yes	No
22 Did the organization report more than \$5.000 of grants or other assistance to of ordamestic individuals on Part IX, couning (A), lier 21 "I "res," complete Schedule I. Parts I and III   22   2   2   2   2   2   2   2	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX. column (A), line 2rl I "Yes," complete Schedule   Parts I and IIII   22   2   2   2   2   2   2   2		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4 or 5 about compensation of the organization so current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," correplate Schedule J 23 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.  23 2 2.  24a Did the organization have a bax-exempt bond issue with an outstanding principel amount of more than \$100,000 as of the lest day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No.' job to line 25a		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
employees? If Yes,* complete Schedule J  24 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,* arrower lines 24b through 24d and complete Schedule K. If 'No.* go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year c before any trax-evering broads?  24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any trax-evering broads?  25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization gets any excess benefit transaction with a disqualified person during the year? If Yes,* complete Schedule L, Part I 25a J  15 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 professor in a prior year, and that the transaction has not been reported on any of the organizations from Forme 990 or 990-E2?  16 If 'Yes,* complete Schedule L, Part I 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourrent or former officers, directors, trustees, key employees, indirect or former officers, directors, trustees, key employees, 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 II 27 J  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  28 J  29 A current or former officer, director, trustee, or key employee? If 'Yes,* complete Schedule L, Part IV  29 J  20 Lift the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,* complete Schedule R, Part II, III,  2	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
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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  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  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  28c  28b  2 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29  20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30  31 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations selicions 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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  34 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization. Policy the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that					
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b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV					7.7
Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 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  32 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  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 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  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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			28a		X
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31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		20		Х
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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	00		33		Х
or IV, and Part V, line 1	34	•			
Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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  35b 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 Jid the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.  37 Jid the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	•		34		Х
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  35b 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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	35a				Х
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related organization? If "Yes," complete Schedule R, Part V, line 2	36				
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			36		Х
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	37				
Part VI					
			37		Х
19? Note: All. Form 990 filers are required to complete Schedule O.	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
10. Note: 7 th 1 cm 1000 more are required to complete contourie c		19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	

#### 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 Yes Nο Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Χ Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Χ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial **4**a Χ If "Yes," enter the name of the foreign country: ightharpoonupSee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g a h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 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? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a а b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand C Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

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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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
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		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			v
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X
<u> </u>	tion b. Foncies (This Section B requests information about policies not required by the internal Nevende Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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		X
b	Other officers or key employees of the organization	15b		X
	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			3.7
<u></u>	organization's exempt status with respect to such arrangements?	16b		X
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed  NY  Section 6104 requires an examination to make its Forms 1033 (or 1034 if applied by 900, and 900 T (Section 504(c)/3)s only)			
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.  Own website  Another's website  Upon request  Other (explain in Schedule O)			
19	Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
13	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	AMIT SOOD (516)859-5125, 448 CHESTNUT ST, WEST HEMPSTEAD, NY 11552			

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# 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.

					(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average	,				han one		Reportable	Reportable	Estimated
Name and Thie	hours per					is both a r/trustee		compensation	compensation from	amount of
	week (list any							from	related	other
	hours for related	Ind or a	Ins	Officer	Ke	em Hig	Fol	the organization	organizations (W-2/1099-MISC)	compensation from the
:	organizations	Individual trustee or director	Institutional trustee	icer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	,	organization
	below dotted line)	tor	onal		ploy	t cor				and related organizations
	11110)	uste	trus		ее	nper				organizations
		Ф	tee			sate				
						ا ق				
(1) GNANENDRA SINHA	10.00									
BOARD MEMBER				X					0	0
(2) AMIT SOOD	10.00									
TREASURER				X					0	0
(3) JAYA BAHADKAR	5.00_									
BOARD MEMBER				X					0	0
(4) DR. KIRAN DAVE	10.00									
PRESIDENT				X					0	0
(5) PAULOSE ARIKUPURATHI	1.00									
PUBLIC RELATIONS OFFICER				X					0	0
(6) MASOOD MIRZA	1.00									
BOARD MEMBER				X					0	0
(7) DR. BHUVANA DORAI	10.00									
VICE-PRESIDENT				X					0	0
(8) KAMLA MOTIHAR	15.00									
SECRETARY				X					0	0
(9) JANAK DATT	1.00									
BOARD MEMBER				X					0	0
(10) SHANTI RANASINGHE	5.00									
BOARD MEMBER				X					0	0
(11) GEETA MENON	5.00									
MEDICAL SERVICES OFFICER				X					0	0
(12)										
<u>(13)</u>										
<u>(14)</u>										

Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hes	t Con	pen	sated Employees	(continued)			
	(A) Name and title	(B) Average hours per	Average (do not check more than one box, unless person is both an							(E)  Reportable compensation fror	<b>I</b>	(F) Estimate	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	cc	other ompensate from the organization and relate rganization	tion e ion ed
<u>(15)</u>											+		
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
<u>(21)</u>													
<u>(22)</u>													
(23)													
(24)													
(25)													
1b c d	Sub-total	on A						<b>&gt; &gt; &gt;</b>	O		0		0
2	Total number of individuals (including but not limited to reportable compensation from the organization								n \$100,000 of		0		
	· · · · · ·	r or tructoo	kov or	mplo		ork	oiaboo	t oon	nanaatad			Yes	No
3	Did the organization list any <b>former</b> officer, directo employee on line 1a? If "Yes," complete Schedule J for		-	пріо	· •		-				3		Х
4	For any individual listed on line 1a, is the sum of report												
	organization and related organizations greater than \$ individual						eaule J	or s	ucn		4		X
5	Did any person listed on line 1a receive or accrue con		-				-	ition (	or individual				37
Secti	for services rendered to the organization? If "Yes," colon B. Independent Contractors	mplete Sched	dule J f	or su	ıch p	ersc	on				5		X
1	Complete this table for your five highest compensated compensation from the organization. Report compens year.									on's tax			
	(A) Name and business address								(B) Description of	sarvicas	Cor	(C)	on
	Total number of independent and total number (""	at most limiter of a	- داد م	. !!	م دا	h.c.	.\ ,						
2	Total number of independent contractors (including bureceived more than \$100,000 of compensation from the			⊎ iist ▶	ed a	DOVE	e) wno						

Form 99	0 (201	4) INDIA HOME INC					20-874729	ı Page <b>9</b>
Part \	/III	Statement of Revenue						
		Check if Schedule O contains a response of	or not	e to any line in this P	art VIII	<u> </u>		<u> </u>
					(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
- ts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
ָבֻ בַּ	С	Fundraising events	1c	23,012				
iifts ar /	d	Related organizations	1d					
S. E.S.	е	Government grants (contributions)	1e	46,357				
io S	f	All other contributions, gifts, grants,						
E E		and similar amounts not included above	1f	89,103				
d C	g	Noncash contributions included in lines 1a-1f						
<u> </u>	h	Total. Add lines 1a-1f		•	158,472			
9				Business Code				
venu		PROGRAM SERVICES		624110	10,768	10,768		
e Re	b							
Ž	d							
n Se	d							
Program Service Revenue	e f	All other program service revenue						
<u>r</u>		<b>Total.</b> Add lines 2a-2f			10,768			
		Investment income (including dividends, intere			107700			
		and other similar amounts)						
	4	Income from investment of tax-exempt bond p						
	5	Royalties		▶				
		(i) Real		(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		•				
	7a	Gross amount from sales of assets other than inventory	S	(ii) Other				
	b	Less: cost or other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
Other Revenue	8a	Gross income from fundraising						
evel.		events (not including \$ 23,01	2					
ş.		of contributions reported on line 1c).						
the	١.	See Part IV, line 18		9,035				
0	1	Less: direct expenses		9,035				
		Gross income from gaming activities.	•					
	Ja	See Part IV, line 19	а					
	ь	Less: direct expenses						
		Net income or (loss) from gaming activities						
		Gross sales of inventory, less						
	h	returns and allowances						
	٣	Miscellaneous Revenue	• •	Business Code				
	11a							
	b							
	С							
		All other revenue						
		<b>Total.</b> Add lines 11a-11d						
	12	Total revenue. See instructions		<b>&gt;</b>	169,240	10.768	0	0

### Form 990 (2014) Part IX S Statement of Functional Expenses

	TOTAL STATE OF THE			(4)	
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all column				<u> </u>
	Check if Schedule O contains a response or note to any				
Do r	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
8b, 9	b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
J	-				
_	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	73,110	66,110	7,000	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,386	6,386		
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	3,600	3,600		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
Ŭ	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	600	600		
13	Office expenses	243		243	
14	Information technology	125		125	
15	Royalties	123		123	
16	Occupancy				
17	· _ ·				
	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,875		1,875	
23	Insurance	8,571		8,571	
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.)				
а	TELEPHONE & COMMUNICATIONS	5,662		5,662	
b	TRANSPORTATION	8,083	6,656	1,427	
С	FOOD	33,391	33,391		
d	COMPUTER EXPENSES	1,461		1,461	
е	All other expenses	29,578	9,718	4,825	15,035
25	Total functional expenses. Add lines 1 through 24e .	172,685	126,461	31,189	15,035
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				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2014) INDIA HOME INC 20-8747291 Page 11

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u> U</u>
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,378	1	12,609
	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	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 45,944			
	b	Less: accumulated depreciation 10b 45,944		10c	
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,378	16	12,609
	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	
Liabilities	22	Loans and other payables to current and former officers, directors,			
<u>≣</u>		trustees, key employees, highest compensated employees, and			
Lia		disqualified persons. Complete Part II of Schedule L	40,000	22	55,000
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	79,500	24	52,000
	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	18,810	25	44,111
	26	Total liabilities. Add lines 17 through 25	138,310	26	151,111
		Organizations that follow SFAS 117 (ASC 958), check here			
Š	07	complete lines 27 through 29, and lines 33 and 34.	(4.25, 0.20)	07	(120 500)
lan	27	Unrestricted net assets	(136,932)	27	(138,502)
B	28	Temporarily restricted net assets		28	
un	29	Permanently restricted net assets		29	
۲. 		Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34			
ts c	30	complete lines 30 through 34.  Capital stock or trust principal, or current funds		30	
SSe	30 31	Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	(136,932)	33	(138,502)
	34	Total liabilities and net assets/fund balances	1,378	34	12,609
			±,5,0	-	12,000

Form	1990 (2014) INDIA HOME INC	0-8747	291	P	age 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		169,	240
2	Total expenses (must equal Part IX, column (A), line 25)	2		172,	685
3	Revenue less expenses. Subtract line 2 from line 1	3		(3,	445)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		(136,	932)
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		1,	875
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		(138,	502)
Pai	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	<u>. LL</u>
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ı	X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2k	X	
	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:				
	☑ 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		20	: X	
	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?		3a	1	X
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		3k	)	
EEA			Fo	rm <b>990</b> (	(2014)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

OMB No. 1545-0047

2014

Open to Public

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.

Inspection Employer identification number

Name	of th	e organization					Employer identific	cation number	
IND	I A	IOME INC					20-874729		
Pa		Reason for Public Charity	•			this part	.) See instruction	S.	
	orgar	nization is not a private foundation becau		-					
1	H	A church, convention of churches, or			ion 170(b)	(1)(A)(i).			
2	H	A school described in <b>section 170(b)</b>		,					
3	H	A hospital or a cooperative hospital s	•						
4	Ш	A medical research organization ope	rated in conjunction	n with a hospital describ	ed in <b>sect</b> i	ion 170(b)	(1)(A)(iii). Enter the		
_		hospital's name, city, and state:							
5	Ш	An organization operated for the benefi	-	versity owned or operated	by a gove	rnmental u	nit described in		
_		section 170(b)(1)(A)(iv). (Complete	•						
6		A federal, state, or local government	-						
7	X	An organization that normally receives			nmental uni	t or from th	e general public		
_	П	described in section 170(b)(1)(A)(vi)	•	•					
8	H	A community trust described in <b>section</b>					:- fl		
9	Ш	An organization that normally receives:		• • • • • • • • • • • • • • • • • • • •					
		receipts from activities related to its exe support from gross investment income	•	•					
		acquired by the organization after Jul		,		,	Dusinesses		
10	П	An organization organized and opera			•	,			
11	Ħ	An organization organized and operate	•	•			ry out the nurnoses of		
••		one or more publicly supported organ	•	•					
		the box in lines 11a through 11d that de						<i>J.</i> <b>CC</b> O	
	а	Type I. A supporting organization					_	ring	
		the supported organization(s) the p		•		•		Ü	
		organization. You must complet							
	b	Type II. A supporting organizatio	n supervised or co	ntrolled in connection wi	ith its supp	orted orga	nization(s), by having	g	
		control or management of the supp	orting organization	vested in the same perso	ns that con	trol or man	age the supported		
		organization(s). You must comp	lete Part IV, Secti	ons A and C.					
	С	☐ Type III functionally integrated	. A supporting orga	nization operated in cor	nnection w	ith, and fur	nctionally integrated v	with,	
		its supported organization(s) (see	e instructions). <b>You</b>	ı must complete Part I	V, Section	s A, D, an	d E.		
	d	Type III non-functionally integr	ated. A supporting	organization operated i	n connecti	on with its	supported organizati	on(s)	
		that is not functionally integrated. T	he organization ger	nerally must satisfy a distri	ibution requ	uirement ar	nd an attentiveness		
		requirement (see instructions). Ye	ou must complete	e Part IV, Sections A ar	nd D, and	Part V.			
	е	Check this box if the organization re	eceived a written de	etermination from the IRS	that it is a	Гуре I, Тур	e II, Type III		
		functionally integrated, or Type III n	, ,	grated supporting organiz	ation.			Г	
	f	Enter the number of supported organization					• • • • • • • • •	[	
	g	Provide the following information about		nization(s).					
	(i	) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization or governing	(v) Amount of monetary support (see	(vi) Amou	
				above or IRC section	docum		instructions)	instruction	
				(see instructions))	Vac	No	-		
-					Yes	No			
(A)									
(B)									
<b>(C)</b>									
(C)									
(D)									
(D)									
(E)									
<b>T</b>									
Tota									

Schedule A (Form 990 or 990-EZ) 2014 INDIA HOME INC 20-8747291 Page 2

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	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	121,831	179,464	190,769	168,023	169,240	829,327
2	Tax revenues levied for the organization'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						
4	<b>Total.</b> Add lines 1 through 3	121,831	179,464	190,769	168,023	169,240	829,327
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)						288,352
<u>6</u>	Public support. Subtract line 5 from line 4 tion B. Total Support						540,975
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
7	Amounts from line 4	121,831	179,464	190,769	168,023	169,240	829,327
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	121,031	1/3,404	190,709	100,023	109,240	623,327
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10 .						829,327
12	Gross receipts from related activities, etc. (see	e instructions)				12	76,923
13	First five years. If the Form 990 is for the organization, check this box and stop here		· • • • • • • • • • • • • • • • • • • •				▶□
	tion C. Computation of Public Su					44	CE 22 0/
14 15	Public support percentage for 2014 (line 6, co Public support percentage from 2013 Schedu	•				14	65.23 % 66.00 %
	33 1/3% support test - 2014. If the organiz						76
	box and <b>stop here.</b> The organization qualif						▶ 🏻
b	33 1/3% support test - 2013. If the organiz						
	check this box and <b>stop here.</b> The organization						▶ □
17a	10%-facts-and-circumstances test - 2014	•		•			_
	10% or more, and if the organization meets	the "facts-and-circ	umstances" test, o	heck this box and	stop here. Explaii	n in	
	Part VI how the organization meets the "facts-	-and-circumstances'	test. The organizat	ion qualifies as a pu	ıblicly supported		
	organization						▶ □
b	10%-facts-and-circumstances test - 2013	3. If the organization	n did not check a b	oox on line 13, 16a,	, 16b, or 17a, and	line	
	15 is 10% or more, and if the organization is	meets the "facts-an	d-circumstances" t	est, check this box	and <b>stop here.</b>		
	Explain in Part VI how the organization meets	the "facts-and-circu	mstances" test. The	e organization qualif	ies as a publicly		. —
							▶ ⊔
18	<b>Private foundation.</b> If the organization did						<b>.</b> ¬
	instructions		· · · · · · · · ·				▶ ∐

Schedule A (Form 990 or 990-EZ) 2014 INDIA HOME INC 20-8747291 Page 3

# 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.)

Sec	ction A. Public Support			, 1		,	
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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 and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	<b>Total.</b> 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 that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	ction B. Total Support			<u> </u>	•		
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the o organization, check this box and stop here	·					▶ 🗍
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2014 (line 8, colu	( )	, (//				<u>%</u>
16	Public support percentage from 2013 Schedule					16	%
	ction D. Computation of Investmen			actume (f))		47	0/
17 18	Investment income percentage for <b>2014</b> (line Investment income percentage from <b>2013</b> S						% %
19a	<b>33 1/3% support tests - 2014.</b> If the organiz 17 is not more than 33 1/3%, check this box						▶ □
b	<b>33 1/3% support tests - 2013.</b> If the organize line 18 is not more than 33 1/3%, check this	box and stop her	<b>re.</b> The organization	n qualifies as a pu	ublicly supported or	rganization	
20	Private foundation. If the organization did r	not check a box or	n line 14, 19a, or 1	9b, check this box	and see instructio	ns	<u></u> ▶ <u></u>

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

Department of the Treasury Internal Revenue Service

Name of the organization

# **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

2014

**Employer identification number** 

INDIA HOME INC	20-8747291
Organization type (check	one):
Filers of:	Section:
Form 990 or 990-EZ	∑ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 <b>General Rule</b> or a <b>Special Rule</b> .
<b>Note.</b> Only a section 501(c instructions.	)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
_	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a ntributions.
Special Rules	
For an organization regulations under se	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line d that received from any one contributor, during the year, total contributions of the greater of (1) f the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during the	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ne year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
contributor, during the contributions totaled during the year for a	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ne year, contributions exclusively for religious, charitable, etc., purposes, but no such I more than \$1,000. If this box is checked, enter here the total contributions that were received in exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the less to this organization because it received nonexclusively religious, charitable, etc., contributions one during the year
990-EZ, or 990-PF), but it r	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, nust 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 a certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization Employer identification number INDIA HOME INC 20-8747291

Part I	<b>Contributors</b> (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	DR RAO & DR KALASAPUDI  208 PARKWAY DR  ROSLYN HEIGHTS, NY 11577	\$	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	AMIT & DEEPIKA SOOD  448 CHESTNUT ST  WEST HEMPSTEAD, NY 11552	\$	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CITY OF NY  A  NEW YORK, NY 10007	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	AJAY&KINNARI PATEL  6836 INGRAM ST  FOREST HILLS, NY 11375	\$5,000	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

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

# **Supplemental Financial Statements**

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

<u>TN</u>	DIA HOME INC	20-8747291
Pa		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	Yes U No
Pa	Conservation Easements.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	
	☐ Protection of natural habitat ☐ Preservation of a certified histor	oric structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conserva	
	easement on the last day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	24
2	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	i duling the
4	tax year  Mumber of states where property subject to conservation easement is located	
4 5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
3	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	
Ū	b	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
•	\$ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	Yes   No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, a	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that described	
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and bala	ance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	nce 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	e sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	nce of
	public service, provide the following amounts relating to these items:	
	(i) Revenue included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	e the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	<b>&gt;</b> \$

Sched	ule D (Form 990) 2014 INDIA HOME INC					20-874729	1	Page 2
Pa	rt III Organizations Maintaining C	ollections of A	rt, Histori	cal Treasures, o	or Othe			
3	Using the organization's acquisition, accession, and	d other records, ched	ck any of the	ollowing that are a sig	nificant u	se of its		
	collection items (check all that apply):							
а	Public exhibition	<b>d</b> ∐ Loa	n or exchang	e programs				
b	Scholarly research	<b>e</b> ☐ Oth	er					
С	☐ Preservation for future generations							
4	Provide a description of the organization's collection	ns and explain how t	they further th	e organization's exem	npt purpos	se in Part		
	XIII.							
5	During the year, did the organization solicit or recei						$\Box$ ,,	□
Da	assets to be sold to raise funds rather than to be m		the organizati	on's collection?			. L Yes	□ No
Pa	rt IV Escrow and Custodial Arrang		Form 000	Dort IV line O	0 r r 0 r 0	rtad an amaunt	on Form	
	Complete if the organization and	swered Yes to	Form 990	o, Part IV, line 9,	or repo	rted an amount	on Form	
40	990, Part X, line 21.  Is the organization an agent, trustee, custodian or organization.	oth or intormodion, fo	r aantribution	ar other coasts not				
1a		•					. Tyes	□ No
b	If "Yes," explain the arrangement in Part XIII and or						. 🗆 165	
	ii res, expain the anangement iiii art Ain and o	ompicie die ioliowing	j tabic.			Amo	unt	
С	Beginning balance				1c		uiii	
d								
е					1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 99	90, Part X, line 21, fo	or escrow or c	ustodial account liabili	ty?		Yes	No
b	If "Yes," explain the arrangement in Part XIII. Chec	k here if the explana	tion has beer	provided in Part XIII				<u>. 🗌</u>
Pa	rt V Endowment Funds.							
	Complete if the organization ans	swered "Yes" to	Form 990	), Part IV, line 10	) <u>.                                    </u>		T	
		(a) Current year	(b) Prior	year (c) Two year	s back	(d) Three years back	(e) Four years	back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
a	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g g	End of year balance							
2	Provide the estimated percentage of the current ye	ear end balance (line	1a. column (a	a)) held as:				
а	Board designated or quasi-endowment	%	3, (	,,,				
b	Permanent endowment							
С	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c should equ	ual 100%.						
3a	Are there endowment funds not in the possession	of the organization th	nat are held a	nd administered for the	е			
	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						3b	
4	Describe in Part XIII the intended uses of the organ		t funds.					
Pa	rt VI Land, Buildings, and Equipme		F 000	N D = #4 11 / 12 4.4	- 0-	F 000 D :	V II 40	
	Complete if the organization ans							
	Description of property	(a) Cost or oth	er basis	(b) Cost or other basis	(c)	Accumulated	(d) Book valu	е

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment		45,944	45,944	
е	Other				
Tota	Add lines 1a through 1a (Column (d) must equal Fo	rm 990 Part X column	(B) line 10c )	<b>•</b>	

EEA Schedule D (Form 990) 2014

 Schedule D (Form 990) 2014
 INDIA HOME INC
 20-8747291
 Page 3

Part VII

**Investments - Other Securities.** 

		u 163 to Follil 330, Fall	t 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 de	rivatives		
(2) Closely-held	equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	nust equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related. Complete if the organization answere	d "Yes" to Form 990, Part	t 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)			
	nust equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	LID ( II ) = 000 D .	
	Complete if the organization answered	d "Yes" to Form 990, Pari	t IV, line 11d. See Form 990, Part X, line 15.
		d "Yes" to Form 990, Part	(b) Book value
(1)			
(2)			
(2)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)	(a) D	escription	
(2) (3) (4) (5) (6) (7) (8) (9) <b>Total.</b> (Column	(a) D (b) must equal Form 990, Part X, col. (B) line 15	escription	
(2) (3) (4) (5) (6) (7) (8) (9)	(a) D  (b) must equal Form 990, Part X, col. (B) line 15  Other Liabilities.	escription  5.)	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	(a) D  (b) must equal Form 990, Part X, col. (B) line 15  Other Liabilities.  Complete if the organization answered	escription  5.)	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column  Part X	(a) D  (b) must equal Form 990, Part X, col. (B) line 15  Other Liabilities.  Complete if the organization answered line 25.	5.)	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	(a) D  (b) must equal Form 990, Part X, col. (B) line 15  Other Liabilities.  Complete if the organization answered line 25.  (a) Description of liability	escription  5.)	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal in	(a) D  (b) must equal Form 990, Part X, col. (B) line 15  Other Liabilities.  Complete if the organization answered line 25.  (a) Description of liability come taxes	b) Book value	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)  1. (1) Federal in (2) CREDIT	(a) D  (b) must equal Form 990, Part X, col. (B) line 15  Other Liabilities.  Complete if the organization answered line 25.  (a) Description of liability come taxes  CARD PAYABLE	d "Yes" to Form 990, Part  (b) Book value	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X   1. (1) Federal in (2) CREDIT (3) PAYROLL	(a) D  (b) must equal Form 990, Part X, col. (B) line 15  Other Liabilities.  Complete if the organization answered line 25.  (a) Description of liability come taxes  CARD PAYABLE  C. TAXES PAYABLE	b) Book value  16,335 2,776	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X   1. (1) Federal in (2) CREDIT (3) PAYROLL (4) NYC RE	(a) D  (b) must equal Form 990, Part X, col. (B) line 15  Other Liabilities.  Complete if the organization answered line 25.  (a) Description of liability come taxes  CARD PAYABLE	d "Yes" to Form 990, Part  (b) Book value	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X   1. (1) Federal in (2) CREDIT (3) PAYROL (4) NYC RE (5)	(a) D  (b) must equal Form 990, Part X, col. (B) line 15  Other Liabilities.  Complete if the organization answered line 25.  (a) Description of liability come taxes  CARD PAYABLE  C. TAXES PAYABLE	b) Book value  16,335 2,776	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X   1. (1) Federal in (2) CREDIT (3) PAYROL (4) NYC RE (5) (6)	(a) D  (b) must equal Form 990, Part X, col. (B) line 15  Other Liabilities.  Complete if the organization answered line 25.  (a) Description of liability come taxes  CARD PAYABLE  C. TAXES PAYABLE	b) Book value  16,335 2,776	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal in (2) CREDIT (3) PAYROL (4) NYC RE (5) (6) (7)	(a) D  (b) must equal Form 990, Part X, col. (B) line 15  Other Liabilities.  Complete if the organization answered line 25.  (a) Description of liability come taxes  CARD PAYABLE  C. TAXES PAYABLE	b) Book value  16,335 2,776	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X   1. (1) Federal in (2) CREDIT (3) PAYROL (4) NYC RE (5) (6)	(a) D  (b) must equal Form 990, Part X, col. (B) line 15  Other Liabilities.  Complete if the organization answered line 25.  (a) Description of liability come taxes  CARD PAYABLE  C. TAXES PAYABLE	b) Book value  16,335 2,776	(b) Book value

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

Sched	ule D (Form 990) 2014 INDIA HOME INC 2	0-874729	1 Page <b>4</b>
	Reconciliation of Revenue per Audited Financial Statements With Revenue per		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	169,240
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	169,240
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	169,240
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	170,810
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	170,810
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)         1,875		
С	Add lines <b>4a</b> and <b>4b</b>	4c	1,875
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	172,685
	t XIII Supplemental Information.		
	de 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, li	ne	
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
01	Other expenses included on Form 990 (Part XII, line 4b)		
EXC	SSS TAX DEPR OVER BOOK DEPR \$1,875		

EEA Schedule D (Form 990) 2014

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

#### 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.

2014

OMB No. 1545-0047

Open to Public Inspection |

Department of the Treasury Internal Revenue Service Name of the organization

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

INDIA HOME INC 20-8747291 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants а ☐ Solicitation of government grants b Internet and email solicitations Phone solicitations ☐ Special fundraising events ☐ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser have (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 5 6 7 8 9 10 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.

INDIA HOME INC 20-8747291 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

		gross receipts greater than	\$5,000.			
		J	(a) Event #1 ANNUAL DINNE	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ine			( )1 /	71 /	,	
Revenue	1	Gross receipts	23,012			23,012
	2	Less: Contributions	13,977			13,977
	3	line 2)	9,035			9,035
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	5,200			5,200
Dire	8	Entertainment				
	9	Other direct expenses	3,835			3,835
	10 11	Direct expense summary. Add lines 4 Net income summary. Subtract line 1	-		1	9,035
Pa	art II			Yes" to Form 990, Part I\	/, line 19, or reported m	nore
		than \$15,000 on Form 990				
a						
enue,			(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	(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	2	Gross revenue	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
Direct Expenses Revenue	2	Cash prizes	(a) Bingo		(c) Other gaming	
ect Expenses	3	Cash prizes			(c) Other gaming	
ect Expenses	2 3 4	Cash prizes	(a) Bingo  Yes %  No		(c) Other gaming  Yes%  No	
ect Expenses	2 3 4 5	Cash prizes	☐ Yes%	bingo/progressive bingo	Yes%	
ect Expenses	2 3 4 5	Cash prizes	Yes % No 2 through 5 in column (d)	bingo/progressive bingo  Yes %  No	☐ Yes % ☐ No	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, column	bingo/progressive bingo  Yes %  No	☐ Yes % ☐ No	
ect Expenses	2 3 4 5 6 7 8 En	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, column	bingo/progressive bingo  Yes %  No  I(d)	☐ Yes % ☐ No	
<b>o</b> Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, column	bingo/progressive bingo  Yes %  No  I(d)	☐ Yes % ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En Isia Isia Wa	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activities uning activities in each of the	bingo/progressive bingo  Yes %  No  I(d)	☐ Yes % ☐ No	col. (a) through col. (c))

#### **SCHEDULE L**

### **Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, of Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

ivame of the organization							Employ	er ident	inicatioi	1 numbe	er		
INDIA HOME INC							20-87	74729	1				
Part I Excess Benefi	t Transactions	s (section (501)	c)(3), s	section 5	501(c)(4),	and 50	1(c)(29) organiza	ations	only)				
Complete if the	organization a	nswered "Yes"	on For	m 990, I	Part IV, li	ne 25a d	or 25b, or Form	990-E	Z, Pa	rt V, I	ine 40	Db.	
1 (a) Name of disqualified per	con	(b) Relationship betv	veen disqu	ualified pers	on and		(c) Description of	of transa	ction			(d) Corr	ected?
(a) Name of disqualified per	SOIT	or	ganizatior	1			(c) Description (	n transa	Clion			Yes	No
(1)													
(2)													
(3)													
2 Enter the amount of tax inc	urred by the orga	nization managers	or disqu	ualified pe	ersons duri	ng the yea	ar						
under section 4958									<b>&gt;</b> \$	;			
3 Enter the amount of tax, if a	any, on line 2, abo	ove, reimbursed by	the org	anization					<b>&gt;</b> \$				
Part II Loans to and/o													
•	•						Ba or Form 990,	Part I	V, line	e 26;	or if th	ne	
organization re	ported an amou	unt on Form 990	), Part	X, line 5	5, 6, or 22	2.							
(a) Name of interested person	(b) Relationship	(c) Purpose of	' '	oan to or	<b>(e)</b> Ori	ginal	(f) Balance due	( <b>g)</b> In d	lefault?	<b>(h)</b> Ap	proved	(i) Wri	tten
	with organization	loan	1	m the nization?	principal	amount				by bo		agreer	nent?
			- Organ	1					ı	comm			
			То	From				Yes	No	Yes	No	Yes	No
PAULOSE	BOARD	WORKING	. v							v		3.7	
(1) ARIKUPURATHI	MEMBER	CAPITAL	X			5,000	5,000		Х	Х		Х	
(2) ANTE GOOD		WORKING	X			15 000	15 000		Х	Х		Х	
(2) AMIT SOOD	TREASURER	CAPITAL				15,000	15,000		Λ			Λ	
(3) KIRAN DAVE	PRESIDENT	WORKING CAPITAL	X			20,000	20,000		Х	Х		Х	
(5) KIRAN DAVE	BOARD	WORKING	21			20,000	20,000		21	21		21	
(4) BHUVANA DORAI	MEMBER	CAPITAL	X			5,000	5,000		Х	Х		X	
(1) 2.1011211 201212	BOARD	WORKING				2,000	2,000						
(5) JAYA BAHADKAR	MEMBER	CAPITAL	X			10,000	10,000		Х	Х		Х	
<del>-</del>						. > \$	55,000						
Part III Grants or Ass	sistance Bene	fiting Intereste	d Pers	ons.									
Complete if the	e organization	answered "Yes'	on Fo	rm 990,	Part IV,	line 27.							
(a) Name of interested person	(b) Relations	ship between interested	(c)	) Amount of	assistance	(d	) Type of assistance		(е	) Purpos	se of ass	istance	
	person a	and the organization											
(1)													
(0)													
(2)								_					
(2)													
(3)			_					+					
(4)													
(4)						-							

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven
				Yes
Supplemental Information Provide additional informati	non for responses to questions	on Schedule L (see	instructions).	
	on to point to quotient	<u> </u>		

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

Department of the Treasury

Internal Revenue Service

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

Open to Public

Inspection

Name of the organization Employer identification number INDIA HOME INC 20-8747291 01. Form 990 governing body review (Part VI, line 11) GOVERNING BODY APPROVED 02. Governing documents, etc, available to public (Part VI, line 19) AVAILABLE UPON REQUEST 03. Explanation of other changes in net assets or fund balances (Part XI, line TAX VS BOOK DEPRECIATION ADJ (\$1,875) 04. List of other expenses (Part IX, line 24e) OTHER EXPENSES - PROGRAM SERVICES OTHER EXPENSES - MGMT. & GENERAL OTHER EXPENSES - FUNDRAISING SEE ATTACHED

Form 4562

### **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172 2014

Department of the Treasury Internal Revenue Service (99) ▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment

179 Sequence No. Business or activity to which this form relates Identifying number 20-8747291 INDIA HOME INC FORM 990 -**Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 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 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 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 2013 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 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 2014 17 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 Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery placed in (business/investment use (f) Method (g) Depreciation deduction (a) Classification of property (e) Convention only-see instructions) service 19 a 3-year property 5-year property 7-year property С **d** 10-year property e 15-year property 20-year property 25-year property 25 yrs. S/I Residential rental 27.5 yrs. MM S/L 27.5 yrs. MM S/L property MM Nonresidential real 39 yrs. S/L property MM S/L Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12-year 12 yrs. S/L 40-y<u>ear</u> MM S/L 40 yrs. Part IV **Summary** (See instructions.) 1,875 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 1,875 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 22 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

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

(a) Type of property (list whiches first)  Type of property (list whiches first)  Businesed in service in serv	_					-										
tight the property list of the		Section A - Dep	preciation and C	Other Inform	ation (C	aution:	See th							•		
proper of elevery (list of passes) passes are responsible for the processor of elevery passes and elevery passes are responsible for the passes are pas	24a	Do you have evidence	to support the busine	ss/investment us	se claimed	?			∐ No	24b If "	Yes," is	the evid	dence w	ritten?	_ ∐ Yes	s 🗌 No
the tax year and used more than 50% in a qualified business use:  VAN    0422008100.0%   45,944   45,944   5   200 DB-HY   1,875	Т	Type of property (list	Date placed	Business/ investment use	Cost or			sis for depre usiness/inve	estment	Recovery	Me	thod/	Depre	ciation	Elected se	ection 179
the tax year and used more than 50% in a qualified business use:  VAN    0422008100.0%   45,944   45,944   5   200 DB-HY   1,875	25	Special depreciation	n allowance for q	ualified listed	property	placed ir	n service	e during		1						
Property used more than 50% in a qualified business use:						•		Ū				. 25				
VAN 0.42.2.2.0.0.8.1.0.0.0% 45,944 45,944 5 200 DB-HY 1,875  7 Property used 50% or less in a qualified business use:  7 Property used 50% or less in a qualified business use:  8 Add amounts in column (h), line 25 through 27. Enter here and on line 21, page 1 SL-  9 Add amounts in column (h), line 25 through 27. Enter here and on line 21, page 1 SL-  28 Add amounts in column (h), line 26. Enter here and on line 71, page 1  29 Add amounts in column (h), line 26. Enter here and on line 21, page 1  20 Add amounts in column (h), line 26. Enter here and on line 21, page 1  21 Add amounts in column (h), line 26. Enter here and on line 21, page 1  22 Section 8 - Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner.' or related person, if you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles to your developes on the very (and not include community miles).  30 Total business/investment miles driven during the year 3  31 Total other personal (noncommuting) miles driven during the year 3  31 Total other personal (noncommuting) miles driven during the year 3  32 Was the vehicle available for personal use?  33 Was the vehicle available for personal use?  34 Was the vehicle available for personal use?  35 Was the vehicle available for personal use?  36 Is another vehicle available for personal use?  37 Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees?  39 Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees?  40 Do you maintain a written policy statement that prohibits personal use of vehicles, oxoppt commuting, by your employees?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions).  42 Amortization of costs that begins during your 2014 tax year (see in	26			-				,								
27 Properly used 50% or less in a qualified business use:		· · ·				5.94	4	45.	944	5	200	DR-HY	1.	875		
27 Property used 50% or less in a qualified business use:			1 1 1 1			<u> </u>	_	- 10 /		<u> </u>	200	<u> </u>	- '	0,0		
Property used 50% or less in a qualified business use:										1						
Solution	27	Property used 50%	or less in a qualit							1						
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1		1 Toperty used 50 /	or less in a quali								C/I		Ι			
28 Add amounts in column (h), line 26. Enter here and on line 7, page 1											_				-	
Add amounts in column (h), lines 26. Enter here and on line 21, page 1  28											_				-	
Section 6 - Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  (a) (b) (c) (d) (d) (e) (d) (e) (d) (e) (d) (e) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e			. "\"										1	075	-	
Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietior, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.    1			, ,	-				page 1	•		• • •	. 28	L 1,			
Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  7 Total business/investment miles driven during the year (do not include commuting miles).  8 Total other personal (noncommuting) miles driven during the year.  9 Total other personal (noncommuting) miles driven during the year.  9 Total other personal (noncommuting) miles driven during the year.  9 Total other personal (noncommuting) miles driven during the year.  9 Total other personal (noncommuting) miles driven during the year.  9 Total other personal (noncommuting) miles driven during the year.  9 Total other personal (noncommuting) miles driven during the year.  9 Total other personal (noncommuting) miles driven during the year.  9 Total other personal (noncommuting) miles driven during the year.  9 Total other personal (noncommuting) miles driven during the year.  9 Total other personal (noncommuting) miles driven during the year.  9 Total other personal (noncommuting) miles driven during the year.  9 Total other personal (noncommuting) miles driven during the year.  9 Total other personal (noncommuting) miles driven during the year.  9 Total other personal (noncommuting) miles driven during the year.  9 Total other personal (noncommuting) miles driven during the year.  9 Total other personal (noncommuting) miles driven during the year.  9 Total other personal (noncommuting) miles driven during the year.  9 Total other personal (noncommuting) miles driven during the year.  9 Total other personal (noncommuting) provide Vehicles for Use by Their Employees.  9 Total other personal (noncommuting) provide Vehicles by employees who are not more than 5% owners or related personal see instructions.  10 Dyou maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  10 Dy	29	Add amounts in co	lumn (i), line 26. E											.   29		
To your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  (a) (b) (c) (d) (e) (vehicle 5) (vehicle 6)  (vehicle 1) Vehicle 2 (vehicle 3) Vehicle 4 (vehicle 4) (vehicle 6)  (vehicle 6) Vehicle 6  (vehicle 6) (vehicle 6) (vehicle 6)  (vehicle 1) Vehicle 9 (vehicle 3) (vehicle 4) (vehicle 6)  (vehicle 1) Vehicle 9 (vehicle 4) (vehicle 6)  (vehicle 6) (vehicle 6) (vehicle 4) (vehicle 6)  (vehicle 6) (vehicle 6) (vehicle 4) (vehicle 6)  (vehicle 6) (vehicle 6) (vehicle 4) (vehicle 6)  (vehicle 7) (vehicle 6) (vehicle 6)  (vehicle 8) (vehicle 9) (vehicle 6)  (vehicle 9) (vehicle 6) (vehicle 4) (vehicle 6)  (vehicle 9) (vehicle 6) (vehicle 4) (vehicle 6)  (vehicle 9) (vehicle 6) (vehicle 4) (vehicle 6)  (vehicle 9) (vehicle 6) (vehicle 6) (vehicle 6) (vehicle 6) (vehicle 6) (vehicle 6)  (vehicle 9) (vehicle 6) (vehicle 6																
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Total miles driven during the year. Add lines 30 through 32  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you ment that use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.  42 Amortization  43 Amortization of costs that begins during your 2014 tax year (see instructions):  43 Amortization of costs that began before your 2014 tax year (see instructions):	32	Total other persona	al (noncommuting	)												
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990	Overflow Statement	<b>2014</b> Page 1
Name(s) as shown on return		FEIN
INDIA HOME INC		20-8747291

### OTHER EXPENSES - PROGRAM SERVICES

Description	A	mount
YOGA / PHYSICAL THERAPY	_\$	9,150
VOLUNTEERS DAY		568
Total:	\$	9,718

#### OTHER EXPENSES - MANAGEMENT & GENERAL

Description	A	mount
BANK CHARGES	\$	501
SUPPLIES		266_
FINANCE CHARGES		4,058
Total:	\$	4,825

#### **FUNDRAISING**

Description	 Amount
FUNDRAISING EVENTS	\$ 9,035
GRANTS WRITING	 6,000
Total:	\$ 15,035

#### SCH D: PART IX

Description		Amount
EXCESS TAX DEPR OVER AUDIT REPORT		\$ 1,875
	Total:	\$ 1,875

Form 990	Schedule A,	Line 5 - Excess	Line 5 - Excess 2% Limitation Contributors	Contributors			7,700
WOLKSLIEEL		(Keep for y	(Keep for your records)				<u> </u>
Name of the organization						Employer identification number	ation number
2% of the amount on Schedule A, part II, line 11, column (f)							16,587
	(a)	(g)	(c)	(b)	(e)	(f)	(6)
Name	2010	2011	2012	2013	2014	Total	Excess contributions
							(col. (f) minus the 2% limit)
DR RAO & DR KALASAPUDI	29,412	29,701	36,500	46,500	71,000	213,113	196,526
DOSHI FAMILY FOUNDATION	25,000	25,000	25,000	25,000		100,000	83,413
VIJAY KEDIA			25,000			25,000	8,413

288,352

TOTAL