# Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

Open to Public Inspection

OMB No. 1545-1150

2012

Department of the Treasury Internal Revenue Service

at the end of the year may use this form. ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For the	2012 calenda	ar year, or tax year beginning , 2012, and end	ing		_	, 20		
В	Check if ap	ck if applicable:  C Name of organization  D E					Employer identification number		
	Address c	hange	Singh Foundation			13	3-3719319		
	Name cha	*	Number and street (or P.O. box, if mail is not delivered to street address)  Room/st	uite	E Telep	ımber			
=	Initial retur Terminated		c/o Ramakrishnan, 50 West 97 St			21	2-866-1616		
$\equiv$	Amended	City or town, state or country, and ZIP + 4			F Group Exemption				
=	Application		New York NY 10025-6081		Nun	nber 🕨	•		
G	Account	ting Method:	✓ Cash	Н	Check I	if	the organization is <b>not</b>		
1	Websit	te:▶ www.	singhfoundation.org		required	to atta	ach Schedule B		
			eck only one) — ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 52	7	(Form 9	90, 990	)-EZ, or 990-PF).		
K	Check ▶	► ☐ if the	e organization is not a section 509(a)(3) supporting organization or a section 527 orga	nizatio	n <b>and</b> it	s gross	receipts are normally		
	not more		0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcar			-			
1	the orga	inization choc	ses to file a return, be sure to file a complete return.						
L	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets	(Part II,				
li	ine 25, co	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			<b>▶</b> \$			
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see	the	instruc	ctions	for Part I)		
			the organization used Schedule O to respond to any question in this F						
	1		ons, gifts, grants, and similar amounts received			1	25,920		
	2	Program se	ervice revenue including government fees and contracts			2	25,138		
	3	_	ip dues and assessments			3	0		
	4	Investment	: income			4	332		
	5a	Gross amo	unt from sale of assets other than inventory 5a						
	b		or other basis and sales expenses						
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	0		
	6		d fundraising events						
	а	a Gross income from gaming (attach Schedule G if greater than							
ne		\$15,000) .	6a						
Revenue	b	Gross inco	me from fundraising events (not including \$ of contrib	ution	S				
ě		from fundr	aising events reported on line 1) (attach Schedule G if the						
_		sum of suc	th gross income and contributions exceeds \$15,000)   6b						
	С	Less: direc	t expenses from gaming and fundraising events 6c						
	d								
		line 6c) .				6d	0		
	7a	Gross sale	s of inventory, less returns and allowances						
	b	Less: cost	of goods sold						
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	0		
	8	Other reve	nue (describe in Schedule O)			8	0		
	9	<b>Total reve</b>	<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶	9	51,390		
	10		I similar amounts paid (list in Schedule O)			10	113,253		
	11	Benefits pa	aid to or for members			11	0		
es	12	Salaries, of	ther compensation, and employee benefits			12	0		
ns	13	Profession	al fees and other payments to independent contractors			13	0		
Expenses	14	Occupancy	y, rent, utilities, and maintenance			14	0		
ш	15	Printing, pu	ublications, postage, and shipping			15	0		
	16	Other expenses (describe in Schedule O)				16	3,330		
_	17		enses. Add lines 10 through 16			17	116,583		
S	18		(deficit) for the year (Subtract line 17 from line 9)			18	(65,193)		
set	19		or fund balances at beginning of year (from line 27, column (A)) (must						
As		end-of-yea	r figure reported on prior year's return)			19	157,258		
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)			20	0		
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		. ▶	21	92,065		
Foi	r Paper	work Reduct	ion Act Notice, see the separate instructions. Cat No. 1064	21			Form <b>990-EZ</b> (2012)		

Form 990-EZ (2012)

Page 2

Pa	Balance Sneets (see the instructions	,				_
	Check if the organization used Schedule	e O to respond to ar	ny question in this			(D) Food of coord
00	Ocale assistant and investments			(A) Beginning of year	-	(B) End of year
22 23	Cash, savings, and investments			157,258	23	92,065
24	Other assets (describe in Schedule O)			0		<u></u>
25	Total assets			157,258		92,065
26				0		02,000
27	Net assets or fund balances (line 27 of colum			157,258	_	92,065
Par	Statement of Program Service Accon	nplishments (see th	e instructions for			Expenses
	Check if the organization used Schedule	e O to respond to ar	ny question in this	Part III	(Req	uired for section
What	t is the organization's primary exempt purpose?	Secular India's Natio	nal Growth and Har	mony (SINGH)	,	c)(3) and 501(c)(4)
	ribe the organization's program service accompl					nizations and section (a)(1) trusts; optional
	leasured by expenses. In a clear and concise rons benefited, and other relevant information for e		e services provided	d, the number of	for o	thers.)
			Hanna and Alba Sananan			
28	DEVELOPMENT: \$40K to Christian Medical College, \$5K to Bharathi Trust (Chennai) for worker education					
	\$10k to Centre for Promotion of Social Concerns (w			eu giris,		
	(Grants \$ 93,000) If this amoun			▶ 🗸	28a	93,000
29	HARMONY: \$4K to CSSS (www.csss-isla.com) for se		·			33,000
	X					
	(Grants \$ 5,053) If this amoun	t includes foreign gra	nts, check here .	▶ 🗸	29a	5,053
30	Promoting secularism and civil liberties work amon					
	\$5.5K to Alwan for the Arts (www.alwanforthearts.or	rg/) for screening docu	imentaries from Sou	ıth Asia,		
	other smaller grants					
0.4	(Grants \$ 18,375) If this amoun				30a	15,200
31	Other program services (describe in Schedule O)		nto obook boro		210	
32	(Grants \$ ) If this amoun  Total program service expenses (add lines 28a	t includes foreign gra	ints, check here .		31a 32	C
Par						ions for Part IV)
	Check if the organization used Schedul					
		(b) Average	(c) Reportable	(d) Health benefits,	1	
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		Estimated amount of ther compensation
		devoted to position	(if not paid, enter -0-)		n	
Dr. V	inod Mubayi, President					
		1 hour/week	-0		0-	-0-
Dr. R	aza Mir, Vice-President					
		1 hour/week	-0		0-	-0-
Dr. B	iju Mathew, Vice-President		_		_	_
D., A	hha Can Via Barridana	1 hour/week	-0	-	0-	-0-
Dr. A	bha Sur, Vice-President	1 hour/week				0
Dr P	ajasekhar Ramakrishnan, Secretary-Treasurer	1 Hour/week	-0	-	0-	-0-
DI. K	ajasekilai Kalilaki isililali, Secietai y-11easulei	5 hours/week	-0	_	0-	-0-
		O HOULS/WOOK				
					$\perp$	
		1				
					+	

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . . . 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . . . . . . . . . . . . . . 36 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . Section 501(c)(7) organizations. Enter: 39 Initiation fees and capital contributions included on line 9 . . . . . . . . . . . . . . . . 39a **b** Gross receipts, included on line 9, for public use of club facilities . . . . . . . Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ -0- ; section 4912 ► -0- ; section 4955 ► b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . . . . . . 40b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ► New York 41 **42a** The organization's books are in care of ▶ Rajasekhar Ramakrishnan 212-866-1616 Telephone no. ▶ Located at ► 50 West 97 St. 15-T, New York NY 10025-6081 ZIP + 4 ▶ b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . . Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b Did the organization receive any payments for indoor tanning services during the year? . . . . . . . . . If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a 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," Form 990 and Schedule R may need to be completed instead of 45b

Page 3

Form 990-EZ (2012)

46	Did the organization engage, directly or	indirectly, in political	campaign activities or	behalf of or in oppos	ition les No		
Part	All section 501(c)(3) organization	is only					
	ou and or				ř _		
	Check if the organization used So	criedule O to respond	d to any question in t	his Part VI			
47	Did the organization engage in lobbying	activities or have a	section 501(h) election	n in effect during the	Yes No		
48	year? If "Yes," complete Schedule C, Pa	rt II			47 ✓		
49a	Did the organization make any transfers	to an exempt non-ph					
b	Did the organization make any transfers If "Yes," was the related organization a s	ection 527 organization		zation?	. 49a ✓ . 49b ✓		
50	Complete this table for the organization'	s five highest comper	sated employees (oth	er than officers direc-	tore trustoes and ke		
	employees) who each received more tha	n \$100,000 of compe	nsation from the organ	nization. If there is non	ie, enter "None."		
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation			
NONE.	***************************************						
*******							
********							
********							
51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga- lame and address of each independent contractor pa	's five highest compe anization. If there is no	ensated independent				
NONE.		11070 111111 9 100,000	(b) Type of servi	(c)	Compensation		
		*****		l l			
				100			
		*************************					
d ·	Total number of other independent contra	actors each receiving	over \$100,000 •				
52	Did the organization complete Schedule A	A? Note: All section 5	01(c)(3) organizations	and 4947(a)(1)			
52 I Inder per	Did the organization complete Schedule A nonexempt charitable trusts must attach a nalties of perjury, I declare that I have examined this r	A? Note: All section 50 a completed Schedule eturn including accompany	01(c)(3) organizations	and 4947(a)(1)	▶ ☑ Yes □ No		
52 I Inder per	Did the organization complete Schedule A	A? Note: All section 50 a completed Schedule eturn including accompany	01(c)(3) organizations	and 4947(a)(1)	➤ ✓ Yes ☐ No owledge and belief, it is		
Jnder per	Did the organization complete Schedule Anonexempt charitable trusts must attach a nalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other than	A? Note: All section 50 a completed Schedule eturn including accompany	01(c)(3) organizations	and 4947(a)(1)  its, and to the best of my knowledge.	➤ ✓ Yes ☐ No owledge and belief, it is		
Jnder per rue, corre	Did the organization complete Schedule Anonexempt charitable trusts must attach an alties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other than Signature of officer  Rajasekhar Ramakrishnan, Secreta	A? Note: All section 5: a completed Schedule eturn, including accompany officer) is based on all infor	01(c)(3) organizations	and 4947(a)(1)	Yes No No owledge and belief, it is		
Jnder per rue, corre Sign Here	Did the organization complete Schedule Anonexempt charitable trusts must attach a nalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other than Signature of officer  Rajasekhar Ramakrishnan, Secreta Type or print name and title	A? Note: All section 5 a completed Schedule eturn, including accompany officer is based on all infor	01(c)(3) organizations as A	and 4947(a)(1)  its, and to the best of my knowledge.  Date	Yes No No owledge and belief, it is		
52 I Inder per	Did the organization complete Schedule Anonexempt charitable trusts must attach a nalties of perjury, I declare that I have examined this ract, and complete. Declaration of preparer (other than Signature of officer  Rajasekhar Ramakrishnan, Secreta Type or print name and title  Print/Type preparer's name	A? Note: All section 5: a completed Schedule eturn, including accompany officer) is based on all infor	01(c)(3) organizations	and 4947(a)(1)  its, and to the best of my knowledge.  Date	owledge and belief, it is  26,2013  if PTIN		
Jinder per rue, corre Sign Here	Did the organization complete Schedule Anonexempt charitable trusts must attach another of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other than Signature of officer  Rajasekhar Ramakrishnan, Secreta Type or print name and title  Print/Type preparer's name	A? Note: All section 5 a completed Schedule eturn, including accompany officer is based on all infor	01(c)(3) organizations as A	and 4947(a)(1)  its, and to the best of my knowledge.  Date  Check	owledge and belief, it is  26,2013  if PTIN		

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

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Name of the organization Employer identification number Singh Foundation 13-3719319 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II **c** Type III–Functionally integrated **d** Type III–Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No Yes 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . 11g(iii) Provide the following information about the supported organization(s). h (i) Name of supported (iv) Is the organization (ii) EIN (iii) Type of organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support col. (i) of your governing document? (i) organized in the above or IRC section support? U.S.? (see instructions)) Yes Yes No Yes No No (A) (B) (C) (D) (E)

Total

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 **(e)** 2012 (f) Total contributions, 1 grants, membership fees received. (Do not include any "unusual grants.") . . . 27,913 72,064 70,520 33,446 25,920 229,863 revenues levied organization's benefit and either paid to or expended on its behalf . . . n 0 0 n n 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 0 0 0 0 0 0 Total. Add lines 1 through 3. . . . 4 27,913 72,064 70,520 33,446 25,920 229,863 5 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 23,620 **Public support.** Subtract line 5 from line 4. 206,243 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 7 Amounts from line 4 . . . . . . 27,913 72,064 70,520 33,446 25,920 229,863 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . . . . . 10,169 3,232 1,313 603 332 15,649 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . . n O 0 0 **Total support.** Add lines 7 through 10 11 245,512 Gross receipts from related activities, etc. (see instructions) 12 69,945 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f) . . . . . 14 84.0 % Public support percentage from 2011 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . . 15 331/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . **✓** 331/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

rmation. Open to Public Inspection

Name of the organization **Employer identification number Singh Foundation** 13-3719319 Part I, line 10. Grantees who received at least \$5,000 during 2012 1. Christian Medical College, Vellore, Tamil Nadu India; \$40,000; improving healthcare, class of activity: development as in Part III line 28. 2. Centre for Promotion Of Social Concerns, Madurai, India; \$10,000; promotion of awareness of legal rights; class: development as in line 28 3. Alwan for the Arts, New York; \$5,500 screening documentaries from South Asia; class: secularism in North America, as in Part III line 30. 4. Bharathi Trust, Chennai, India; \$13,900; worker education; class of activity: development as in Part III line 28. 5. Rupantar Trust, Raipur, Chhattisgarh, India; \$10,000; educating poor and orphaned tribal girls, class: development as in Part III line 28. Part I, line 16. Other expenses 1. \$2,330 travel expenses associated with a lecture tour by Anand Patwardhan, director of film on Dr Ambedkar, dalit intellectual and leader 2. \$1,000 for foundation's web-based discussion group and for other domain services.