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

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

**Open to Public** Inspection

Α	A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20								
В	Check if ap	applicable: C Name of organization D Er			D Emp	mployer identification number			
	Address o	s change Singh Foundation			l .	13-3719319			
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address) Room	n/suite	E Telep	ohone nur	nber		
=	Initial retu		c/o Ramakrishnan, 50 West 97 St	5-T	l .	212	-866-1616		
H		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	• •	F Gro	up Exem			
H	Amended	return on pending	New York NY 10025-6081			nber <b>&gt;</b>			
_		ting Method:	✓ Cash Accrual Other (specify) ►	ш			the organization is <b>not</b>		
	Website	· ·		-   '''			ch Schedule B		
			eck only one) — ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 5	— 527	-		EZ, or 990-PF).		
			✓ Corporation ☐ Trust ☐ Association ☐ Other	321	(1 01111 0	,			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	or if tot	al accate				
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ			•			
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (s			otions:	for Dart I\		
Г	arti		•				•		
_	1 4		the organization used Schedule O to respond to any question in this						
	1		ons, gifts, grants, and similar amounts received			1	19,662		
	2		ervice revenue including government fees and contracts			2	9,700		
	3		ip dues and assessments			3	0		
	4	Investmen				4	128		
	5a		ount 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	a)		5c	0		
	6								
4	а	Gross inc							
ğ		\$15,000) .							
Revenue	b	Gross inco							
Be		from fundraising events reported on line 1) (attach Schedule G if the							
		sum of suc	ch gross income and contributions exceeds \$15,000) 6b						
	С	Less: direc							
	d	Net incom							
		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 revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					29,490		
	10		similar amounts paid (list in Schedule O)			10	40,827		
	11		aid to or for members			11	0		
Ś		Salaries, o		12	0				
JSE	13	Professional fees and other payments to independent contractors					0		
Expenses	14		y, rent, utilities, and maintenance	14	0				
X	15	Printing, publications, postage, and shipping					0		
	16	Other expe		15 16	4,200				
	17			17	45,028				
	40		enses. Add lines 10 through 16			18			
ets	19			10	(15,538)				
Net Assets	.5	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree wit end-of-year figure reported on prior year's return)					405.000		
	20	=	nges in net assets or fund balances (explain in Schedule O)			19 20	105,800		
Se	20					-	0 202		
_	21		or fund balances at end of year. Combine lines 18 through 20		. 🚩	21	<b>90,262</b> Form <b>990-EZ</b> (2014)		
LO	raper	work neduct	ion Act Notice, see the separate instructions. Cat. No. 10	10421			1 OHH JJJ-LE (2014)		

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Part II Balance Sheets (see the instructions for Part II)

	Check if the organization used Schedule	O to respond to ar	ny question in this			
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			105,800	-	90,262
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			105,800		90,262
26	,	(D)	-		26	
27 Par	Net assets or fund balances (line 27 of column	· ,		105,800	21	90,262
rai	Statement of Program Service Accom	•		,		Expenses
Mha	Check if the organization used Schedule t is the organization's primary exempt purpose?	O to respond to ar	iy question in this	Part III 🔽	(Rec	quired for section
						c)(3) and 501(c)(4)
	cribe the organization's program service accomplisheasured by expenses. In a clear and concise m				orga	inizations; optional for
	ons benefited, and other relevant information for ea		s services provided	a, the number of		,
28	HARMONY: \$5K to CSSS in Mumbai, India (www.csss		rism concerts:			
	other smaller grants					
	outor official of grants					
	(Grants \$ 8,500) If this amount	includes foreign gra	nts, check here .	🕨 🗌	28a	8,500
29	DEVELOPMENT: \$10K to Bharathi Trust in Chennai, I					,
	\$4K to Institute for Environment and Development in			ork;		
	\$2K to Thiruvalluvar Educn Trust, Tamil Nadu; other					
	(Grants \$ 25,327) If this amount	includes foreign gra	nts, check here .	🕨 🗌	29a	25,327
30	Promoting secularism and civil liberties work among	South Asians in Nort	th America:			
	\$7K to Alwan for the Arts (www.alwanforthearts.org/)	for screening docum	entaries from South	n Asia;		
	\$3K for a conference Echoes of Ghadar in New York			<u></u> -		
	(Grants \$ 11,040) If this amount	includes foreign gra	nts, check here .	▶ 📙	30a	11,040
31	1 3				١	
20	(Grants \$ ) If this amount Total program service expenses (add lines 28a t	includes foreign gra			31a	
	t IV List of Officers, Directors, Trustees, and Key				32	44,867
rai	Check if the organization used Schedule			•	istruc	ctions for Part IV)
	Officer if the organization used ochedule	i i	(c) Reportable	(d) Health benefits,	Τ.	
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
		devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)	/  ' /		other compensation
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					
		1 hour/week	-0		0-	-0-
Dr. A	bha Sur, Vice-President					
		1 hour/week	-0		0-	-0-
Dr. R	ajasekhar Ramakrishnan, Secretary-Treasurer					
		3 hours/week	-0	-	0-	-0-
					-	
					_	
					+	
		1				
		1				
		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 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 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 . . . . . . . . . . . . . . . . . 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 ▶ ; section 4912 ► ; section 4955 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . . . . . . . . . . . . . ▶ 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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 43 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

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Here Rajasekhar Ramakrishnan, Secretary-Treasurer Type or print name and title  Print/Type preparer's name Preparer Use Only Firm's address ►  May 14, 2015  Preparer's signature  Date Check ☐ if self-employed Firm's EIN ► Phone no.	46	Did	the organization engage, directly or ir	ndirectly, in political	campaign activities	on behalf of	f or in opposi	ition	Yes	No
All section 501(p(s) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the jax year? If "Fes," complete Schedule C, Part II was provided a described in section 170(b)(1)(A)(h)? If "Yes," complete Schedule E 48 V 49	Down	to ca	andidates for public office? If "Yes," o	complete Schedule (	C, Part I		8 2 2 30	. 46		1
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the Jax year? If "Yes," complete Schedule C, Part II  48 Is the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 V 49 Did the organization as location 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 V 49 Did the organization make any transfers to an exempt non-charitable related organization?  50 Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees and ke employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee   (b) Average   (b) Average   (c) February   (c) Fe	Paru	VI	All section 501(c)(3) organization 50 and 51.	s must answer que				e tables	for lin	es
10 bit the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule £ 49 al.			and any garmedian dood con	reduie o to respon	d to any question	III tills Fait i			Vac	No
Did the organization make any transfers to an exempt non-charitable related organization?   49a   √ √ √ √ √ √ √ √ √ √ √ √ √ √ √ √ √ √		year? If "Yes," complete Schedule C, Part II							105	√
Complete this table for the organization of the properties and the employees (who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee  (b) Average hots per ewit devoted to position  (c) Reportable (c) Reportable complete the breefits, contributions to employee of their prices and deferred compensation  (d) Name and title of each employee paid over \$100,000 . ▶  Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (e) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000 . ▶  252 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  253 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  254 Per level le	49a b	Did the organization make any transfers to an exempt non-charitable related organization?								
(a) Name and title of each employee burst prive week devoted to position burst prive prive week devoted to position burst prive prive week devoted to position burst prive week devoted to position burst prive prive private week devoted to position burst private week devoted to position burs	50	Com	plete this table for the organization's	five highest comper	nsated employees	(other than o	fficers, direct	tors truste	es an	d ke
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 . ►  52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  Lorder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rune, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Rajasekhar Ramakrishnan, Secretary-Treasurer  Rajasekhar Ramakrishnan, Secretary-Treasurer  May 14, 2015  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Firm's name  Firm's name  Firm's address F			AND THE RESERVE OF THE PARTY OF	(b) Average hours per week	(c) Reportable compensation	(d) Hea contributio benefit plan	alth benefits, ans to employee as, and deferred	(e) Estimate	ed amou	unt of
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 . ►  52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  Lorder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rune, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Rajasekhar Ramakrishnan, Secretary-Treasurer  Rajasekhar Ramakrishnan, Secretary-Treasurer  May 14, 2015  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Firm's name  Firm's name  Firm's address F		******								
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 . ►  52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  Lorder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rune, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Rajasekhar Ramakrishnan, Secretary-Treasurer  Rajasekhar Ramakrishnan, Secretary-Treasurer  May 14, 2015  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Firm's name  Firm's name  Firm's address F		******								
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Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 . ►  52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  Lorder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rune, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Rajasekhar Ramakrishnan, Secretary-Treasurer  Rajasekhar Ramakrishnan, Secretary-Treasurer  May 14, 2015  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Firm's name  Firm's name  Firm's address F	*******		4							
d Total number of other independent contractors each receiving over \$100,000 . ▶  52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Rajasekhar Ramakrishnan, Secretary-Treasurer  May 14, 2015  Print/Type or print name and title  Print/Type preparer's name  Preparer  Use Only  Firm's name  Firm's address ▶  Phone no.		Com	plete this table for the organization's	s five highest comp	ensated independent	ent contracto	ors who each	received	more	thar
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A		(a)	Name and business address of each independent	ent contractor	(b) Type of	service	(c)	Compensati	on	
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A		******	***************************************	***************************************						
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A		•••••	***************************************							
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A				***************************************						
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Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A					-					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  Rajasekhar Ramakrishnan, Secretary-Treasurer Type or print name and title  Print/Type preparer's name  Preparer's signature  Preparer's signature  Date  Check if self-employed  Firm's address Frim's address Phone no.	52	Did	the organization complete Schedul			ganizations		7. S. C.	Пи	lo.
Here Rajasekhar Ramakrishnan, Secretary-Treasurer Type or print name and title  Print/Type preparer's name Preparer Use Only Firm's address ►  May 14, 2015  Preparer's signature  Date Check ☐ if self-employed Firm's EIN ► Phone no.	Under pe true, con	enalties rect, an	of perjury, I declare that I have examined this red id complete, Declaration of preparer (other than	eturn, including accompan officer) is based on all info	lying schedules and state formation of which prepa	ements, and to the rer has any know	he hard of our ba			
Type or print name and title  Print/Type preparer's name  Preparer  Use Only  Firm's address ►  May 14, 2015  Preparer's signature  Date  Check ☐ if self-employed  Firm's EIN ►  Phone no.	Sign		Signature of officer				ate			
Preparer Use Only Firm's name ► Firm's address ►  May the IPS discuss this return with the approach to 2.0 in the second of the	Here		Rajasekhar Ramakrishnan, Secreta Type or print name and title		M	ay 14, 2015				
Use Only Firm's name ► Firm's EIN ►  May the IPS discuss this return with the property of the Phone no.	Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date	100	11		
May the IPS discuss this return with the agency of the IPS discuss this return with the agency of the IPS discuss this return with the agency of the IPS discuss this return with the agency of the IPS discuss this return with the agency of the IPS discuss this return with the agency of the IPS discuss this return with the agency of the IPS discuss this return with the agency of the IPS discuss this return with the agency of the IPS discuss this return with the agency of the IPS discuss this return with the agency of the IPS discuss this return with the IPS discuss this return with the IPS discuss this return with the IPS discuss th	The second second		(Superson Experies 700 pc			Fi	rm's EIN ▶			
way the IRS discuss this return with the preparer shown above? See instructions	May th	e IRS		chown about 0 C	inotra setiene	Pi	hone no.			

## **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

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.

Open to Public Inspection

Name of the organization Employer identification number							n number
Singh Foundation 13-3719319  Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
Par			-			<u> </u>	ns.
The c	he organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)						
1	A church, convention of church			ibed in <b>s</b> e	ection 17	0(b)(1)(A)(i).	
2	A school described in <b>section</b>		•				
3	A hospital or a cooperative ho						/···\
4	A medical research organization hospital's name, city, and state	•	onjunction with a nosp	oitai desc	ribea in s	section 170(b)(1)(A)	(III). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6	☐ A federal, state, or local gover	•	montal unit described	l in coeti	on 170/h)	(4)(A)( <sub>4</sub> )	
7	An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	☐ A community trust described i	n <b>section 170(b</b> )	(1)(A)(vi). (Complete	Part II.)			
9	An organization that normally receipts from activities relate support from gross investme acquired by the organization as	receives: (1) mo d to its exempt ent income and	re than 331/3% of its functions—subject to unrelated business	support of certain taxable i	exception	ns, and (2) no more	than 331/3% of its
10	☐ An organization organized and	d operated exclus	sively to test for public	c safety.	See <b>sect</b>	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations d	escribed in section 5	<b>09(a)(1)</b> ⊙	r <b>section</b>	509(a)(2). See sect	i <b>on 509(a)(3).</b> Check
а	☐ <b>Type I</b> . A supporting organization(sorganization. <b>You must con</b>	s) the power to re	egularly appoint or ele	•			. , , , ,
b	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.						
С	Type III functionally integrality its supported organization(s)						y integrated with,
d	☐ Type III non-functionally in that is not functionally integring requirement (see instruction	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
е	Check this box if the organize functionally integrated, or Ty			n from the IRS that it is a Type I, Type II, Type III porting organization.			
f	Enter the number of supported	organizations .					
g	Provide the following informatio	n about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			(000 111011 00110110))	Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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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) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total contributions, 1 grants, membership fees received. (Do not include any "unusual grants.") . . . 70,520 33,446 25,920 46,630 19,662 196,178 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 33,446 25,920 46,630 70,520 19,662 196,178 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) . . . . 25,556 **Public support.** Subtract line 5 from line 4. 170,622 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 . . . . . . 70,520 33,446 25,920 46,630 19,662 196,178 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . . . . . 1,313 603 330 160 128 2,534 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 VI.) . . . . . . . n O 0 0 **Total support.** Add lines 7 through 10 11 198,711 Gross receipts from related activities, etc. (see instructions) 12 86,806 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 2014 (line 6, column (f) divided by line 11, column (f) . . . . . 14 85.9 % Public support percentage from 2013 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . . 15 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this **✓** 331/3% support test - 2013. 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 - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

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

## **SCHEDULE 0** (Form 990 or 990-EZ)

## 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

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 2013	
1. Bharathi Trust, Chennai, India; \$10,000; worker education; class of activity: development as in Part	III line 29.
1. Dialitati Trast, oriental, mata, \$10,000, worter education, stass of activity, development as in tart	
2. Centre for Study of Society and Secularism, Mumbai, India: \$5,000; musical concerts to promote se	cularism; harmony as in Part III line 28.
3. Alwan for the Arts, New York; \$7,000 screening documentaries from South Asia; class: secularism	n North America, as in Part III line 30.
Part I, line 16. Other expenses	
1. \$3,000 for a conference Echoes of Ghadar in New York (http://ghadar2013.wordpress.com/).	
2. \$1,200 for foundation's web-based discussion group and for other domain services.	