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DLN: 93493134072196

Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

Open to Public

A Fo	or the 2	2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015						
	B Check if applicable C Name of organization SHREE PASHUPATINATH FOUNDATION USA			D Employer identification number				
Address change		nge	STIREE PASHOPATINATH FOUNDATION OSA			01-0953296		
Name change								
Initial return			Number and street (or P O box if mail is not delivered to street address) Room/suite		none num	ber		
Final return/terminated		inated 10843 KENNEY STREET						
Amended return Application pending		Norwalk, CA 90650			G Gross receipts \$ 375,886			
			F Name and address of principal officer H(a) Is t			_		
		BHAKTA THAPA		this a grou bordinates?		for		
				e all suborc		\(\tag{\text{Yes} \in \text{No}}\)		
				cluded?		, , , , , ,		
I Tax-exempt status		ot status				(see instructions)		
J W	ebsite:	► WWW PASHUPATINATHFOUNDATION ORG	n(c) G	roup exemp	tion nui	mber 🕦		
K Form of organization				f formation 2	011 M	State of legal domicile CA		
Part I Summary				i ioiiiiatioii 2	011	State of legal dofficile CA		
		efly describe the organization's mission or most significant activities						
	SH	REE PASHUPATINATH FOUNDATION AIMS TO BUILD A TEMPLE, STUPA AND COMMUNITY CENTER IN GREATER LOS GELES AREA						
≚	_							
Ē								
Governance	2 C	Check this box দ if the organization discontinued its operations or disposed of more than 25% of its net assets						
8		 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Table numbers of the devices a salar devices a 2015 (Part VI, line 2a) 			3	33		
Activities &					4	33		
ਬ੍ਰ	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary)				5	0		
Q.					6			
	b Net unrelated business taxable income from Form 990-T, line 34				7a 7b	0		
	D NC	t unrelated business taxable meome norm of m 550 1, mile 54	1	rior Year	1 75	Current Year		
	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	TIOI TEUI		375,886		
활	9	Program service revenue (Part VIII, line 2g)				0		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				0		
걆	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)				375,886		
\$	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)				0		
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)				0		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0		
	b	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright^0						
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				311,838		
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)				311,838		
	19	Revenue less expenses Subtract line 18 from line 12				64,048		
Net Assets or Fund Balances			Beginnin	g of Current	Year	End of Year		
	20 ⊤	tal assets (Part X, line 16)	1,556,770		.770	1,512,141		
	21	Total liabilities (Part X, line 26)			,677	395,000		
	22	Net assets or fund balances Subtract line 21 from line 20		1,053		1,117,141		
	t II	Signature Block		,	· 1	,,		
my kr	nowledg	ties of perjury, I declare that I have examined this return, including accompany ge and belief, it is true, correct, and complete Declaration of preparer (other tha s any knowledge						
		*****	2016-03-19					
Here BHA		Signature of officer						
		BHAKTA THAPA PRESIDENT						
		Type or print name and title						

Preparer's signature Rajendra Siwakoti

Firm's name ACCOUNTING AND BUSINESS SERVICES

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ► 18000 PIONEER BLVD SUITE 203

Print/Type preparer's name Rajendra Siwakoti

Paid

Preparer

Use Only

Check

ıf self-employed

Firm's EIN 🟲 27-3611405

Phone no (562) 403-1177

Date 2016-05-12

PTIN P00967193