

2004

Open to Public Inspection

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)

Department of the Treasury Internal Revenue Service

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year. The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2004 calendar year, or tax year beginning 2004, and ending 20

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: Hindu Students Council. D Employer identification number: 72-155-197. E Telephone number: (617) 8035245. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash, Accrual. Other (specify)

I Website: www.hscnet.org. J Organization type (check only one): 501(c) (3), 4947(a)(1), or 527.

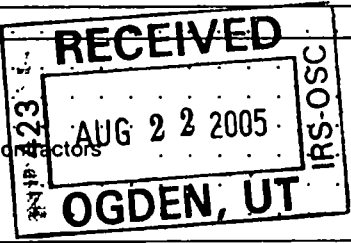
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Attach lines 5b, 6b, and 7b, to line 9 to determine gross receipts; If \$100,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

Table with 21 rows for Revenue and Net Assets. Revenue items include contributions, program service, membership dues, investment income, and special events. Net Assets items include grants paid, salaries, and other expenses. Total revenue is 23821.22 and total net assets at end of year is 279.23.



SCANNED SEP 27 2005

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 40 of the instructions.)

Table with 7 rows for Balance Sheets. Columns (A) Beginning of year and (B) End of year. Total assets at end of year is 279.23.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 108421

Form 990-EZ (2004)

Handwritten marks: 'A' and '0'.

| Part III Statement of Program Service Accomplishments (See page 41 of the instructions.) | | Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others) |
|--|---|---|
| What is the organization's primary exempt purpose? <u>Hindu Socio-cultural organization</u> | | |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title. | | |
| 28 | <u>Organized Cultural events across many chapters of Hindu Students council to celebrate Hindu festivals. Organized talks to promote understanding of Hindu Dharma.</u> (Grants \$) | 28a 20527.58 |
| 29 | (Grants \$) | 29a |
| 30 | (Grants \$) | 30a |
| 31 | Other program services (attach schedule) (Grants \$) | 31a |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 41 of the instructions) | | | | |
|--|--|---|---|--|
| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
| <u>Samir Rawal, 44 Van Reyppen Street, Jersey City, NJ 07306</u> | <u>President</u> | | | |
| <u>Nikunj Trivedi, 1809 Cedarwood Street Piscataway, NJ 08854</u> | <u>General Secretary</u> | | | |
| <u>Murali Kothandaraman, 337 Florence Road Waltham, MA 02453</u> | <u>Treasurer</u> | | | |

| Part V Other Information (Note the attachment requirement in General Instruction V, page 14) | | Yes | No |
|--|--|-------------------------------------|-------------------------------------|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | <input checked="" type="checkbox"/> |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | <input checked="" type="checkbox"/> | |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | | <input checked="" type="checkbox"/> |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | <input checked="" type="checkbox"/> |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) | | |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <u>37a</u> | | 0 |
| b | Did the organization file Form 1120-POL for this year? | | |
| 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 unpaid at the start of the period covered by this return? | <input checked="" type="checkbox"/> | |
| b | If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. <u>38b</u> | | 5000 |
| 39 | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 <u>39a</u> | | 0 |
| b | Gross receipts, included on line 9, for public use of club facilities <u>39b</u> | | 0 |
| 40a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u> | | 0 |
| b | 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation. | | <input checked="" type="checkbox"/> |
| c | Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ | | 0 |
| d | Enter. Amount of tax on line 40c, above, reimbursed by the organization ▶ | | 0 |
| 41 | List the states with which a copy of this return is filed. ▶ <u>Texas</u> | | |
| 42 | The books are in care of ▶ <u>Murali Kothandaraman</u> Telephone no. ▶ <u>(617) 803-5245</u> Located at ▶ <u>337 Florence Road, Waltham, MA</u> ZIP + 4 ▶ <u>02453</u> | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u> | | |

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

Please Sign Here [Signature] Signature of officer Date 8/1/05

MAN, TREASURER

| | | |
|-------|---|---|
| Date | Check if self-employed ▶ <input type="checkbox"/> | Preparer's SSN or PTIN (See Gen Inst W) |
| FIN ▶ | | |

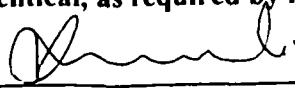


Office of the Secretary of State
Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697

CHANGE OF REGISTERED AGENT/REGISTERED OFFICE

1. The name of the entity is Hindu Students Council
and the file number issued to the entity by the secretary of state is 0800177367
2. The entity is: (Check one.)
 - a *business corporation*, which has authorized the changes indicated below through its board of directors or by an officer of the corporation so authorized by its board of directors, as provided by the Texas Business Corporation Act.
 - a *non-profit corporation*, which has authorized the changes indicated below through its board of directors or by an officer of the corporation so authorized by its board of directors, or through its members in whom management of the corporation is vested pursuant to article 2.14C, as provided by the Texas Non-Profit Corporation Act
 - a *limited liability company*, which has authorized the changes indicated below through its members or managers, as provided by the Texas Limited Liability Company Act.
 - a *limited partnership*, which has authorized the changes indicated below through its partners, as provided by the Texas Revised Limited Partnership Act.
 - an *out-of-state financial institution*, which has authorized the changes indicated below in the manner provided under the laws governing its formation.
3. The registered office address as PRESENTLY shown in the records of the Texas secretary of state is 3116 Holly Hall, Houston, TX 77054
4. A. The address of the NEW registered office is: (Please provide street address, city, state and zip code. The address must be in Texas.)
13607 Cabrera Court, Houston, TX 77083
OR B. The registered office address will not change.
5. The name of the registered agent as PRESENTLY shown in the records of the Texas secretary of state is Rakhi Israni
6. A. The name of the NEW registered agent is Vijay Pallod
OR B. The registered agent will not change.

7. Following the changes shown above, the address of the registered office and the address of the office of the registered agent will continue to be identical, as required by law.

By: 
(A person authorized to sign
on behalf of the entity)

INSTRUCTIONS

1. It is recommended that you call (512) 463-5555 to verify the information in items 3 and 5 as it currently appears on the records of the secretary of state before submitting the statement for filing. You also may e-mail an inquiry to corpinfo@sos.state.tx.us. As information on out-of-state financial institutions is maintained on a separate database, a financial institution must call (512) 463-5701 to verify registered agent and registered office information. If the information on the form is inconsistent with the records of this office, the statement will be returned.
2. You are required by law to provide a street address in item 4 unless the registered office is located in a city with a population of 5,000 or less. The purpose of this requirement is to provide the public with notice of a physical location at which process may be served on the registered agent. A statement submitted with a post office box address or a lock box address will not be filed.
3. An authorized officer of the corporation or financial institution must sign the statement. In the case of a limited liability company, an authorized member or manager of a limited liability company must sign the statement. A general partner must sign the statement on behalf of a limited partnership. A person commits an offense under the Texas Business Corporation Act, the Texas Non-Profit Corporation Act or the Texas Limited Liability Company Act if the person signs a document the person knows is false in any material respect with the intent that the document be delivered to the secretary of state for filing. The offense is a Class A misdemeanor.
4. Please attach the appropriate fee:

| | |
|---|---------|
| Business Corporation | \$15.00 |
| Financial Institution, other than Credit Unions | \$15.00 |
| Financial Institution that is a Credit Union | \$ 5.00 |
| Non-Profit Corporation | \$ 5.00 |
| Limited Liability Company | \$10.00 |
| Limited Partnership | \$50.00 |

Personal checks and MasterCard®, Visa®, and Discover® are accepted in payment of the filing fee. Checks or money orders must be payable through a U.S. bank or other financial institution and made payable to the secretary of state. Fees paid by credit card are subject to a statutorily authorized processing cost of 2.1% of the total fees.
5. Two copies of the form along with the filing fee should be mailed to the address shown in the heading of this form. The delivery address is: Secretary of State, Statutory Filings Division, Corporations Section, James Earl Rudder Office Building, 1019 Brazos, Austin, Texas 78701. We will place one document on record and return a file stamped copy, if a duplicate copy is provided for such purpose. The telephone number is (512) 463-5555, TDD: (800) 735-2989, FAX: (512) 463-5709.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

| | | |
|---|---|--|
| Type or print | Name of Exempt Organization Hindu Students Council | Employer identification number 72 155-1978 |
| File by the due date for filing your return. See instructions | Number, street, and room or suite no. If a P.O. box, see instructions PMB220, 924 Bergern Ave | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions Jersey City, NJ 07306 | |

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until August 15, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2004 or
 ▶ tax year beginning _____, 20____, and ending _____, 20____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

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

Signature ▶ Title ▶ **Treasurer** Date ▶ 4/15/05

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

| | | |
|---|--|--------------------------------|
| Type or print <small>File by the extended due date for filing the return. See instructions.</small> | Name of Exempt Organization | Employer identification number |
| | Number, street, and room or suite no. If a P.O. box, see instructions | For IRS use only |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions | |

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

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

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box . If it is for **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until _____, 20....
- 5 For calendar year _____, or other tax year beginning _____, 20... and ending _____, 20....
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension _____

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

Signature and Verification

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

Signature ▶ _____ Title ▶ _____ Date ▶ _____

Notice to Applicant—To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We have not approved this application. After considering the reasons stated in Item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

| | |
|----------------------|---|
| Type or print | Name |
| | Number and street (include suite, room, or apt. no.) Or a P.O. box number |
| | City or town, province or state, and country (including postal or ZIP code) |

Hindu Students Council, INC.
PMB 220, 924 Bergen Avenue, Jersey City
NJ 07306
Loan Summary, 2004

| Name | Address | Loan Date | Original Loan Amount | Payments | Current Balance | Loan period |
|--------------|---|------------|----------------------|----------|-----------------|-------------|
| Vijay Pallod | 13607 Cabrera Court, Houston, TX 77083 | 07/02/2004 | \$5,000.00 | \$0.00 | \$5,000.00 | flexible |

August 14, 2004



Murali Kothandaraman
Treasurer