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 () \

Department of the Treasury Internal Revenue Service

SCANNED JUN 1 5 2020

20 Total assets (Part X, line 16)

Part ।। Signature Block

Total liabilities (Part X, line 26)

Net assets or fund balances Subtract line 21 from line 20

► Go to www.irs.gov/Form990 for instructions and the latest information A For the 2018 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change BAPS CHARITIES, INC Name change 26-1530694 Doing business as]Initial return Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Final 81 SUTTONS LANE 732-777-1414 589, City or town, state or province, country, and ZIP or foleign postal code 302 G Gross receipts \$ Amended PISCATAWAY, NJ 08854-5723 H(a) Is this a group return Applica F Name and address of principal officer YOGENDRA PARMAR for subordinates? Yes X No pending 81 SUTTONS LANE, PISCATAWAY, 08854-5<u>723</u> Yes No H(b) Are all subordinates included? Tax exempt status X 501(c)(3) 501(c) (4947(a)(1) or [) ◀ (insert no) If "No, ' attach a list (see instructions) J Website. ► WWW.BAPSCHARITIES.ORG H(c) Group exemption number ▶ K Form of organization X Corporation Year of formation 2007 M State of legal domicile DE Partil. Summary TO UNDERTAKE PROGRAM FOR Briefly describe the organization's mission or most significant activities 1 Governance PROMOTING HEALTH CARE, EDUCATION, NATURAL RESOURCES, Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 7 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Activities 650 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a 0. b Net unrelated business taxable income from Form 990 T, line 38 7h Prior Year **Current Year** 7,359,946. 7,041,572. Contributions and grants (Part VIII, line 1h) 0. 174. 9 Program service revenue (Part VIII, line 2g) 125. 267,365. 467. 10 Investment income (Part VIII, column (A), lines 3, 0. 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8 308,937. 7,485 587. Total revenue - add lines 8 through 11 (must equa 12 2,143,317. Grants and similar amounts paid (Part IX, column (A) III (A) 4,761,490. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10) 15 0 16a Professional fundraising fees (Part IX, column (A), line 11e) RESERVE AND A SECOND 193,211. A Section . b Total fundraising expenses (Part IX, column (D), line 25) 1,050,513. 1,088,865. Other expenses (Part IX, column (A), lines 11a-11d, 11f 24e) 3,193,830. 5,850,355. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 4,291,757. 1,458,582. Revenue less expenses Subtract line 18 from line 12

Inder pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and statements, a	nd to the be	st of my	knowle	dge and belief	, it is
ue, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a	ny kńowledg	e			
	yclorma					
lion	Signature of officer	Date	7.1	[]. [00101	

Sign Here	YOGENDRA PARMAR, TREASI	URER	Date 11/4/2019
	Type or print name and title		
Paid	Print/Type preparer's name MARCO SVAGNA	Preparer's signature	Date Check PTIN 1 1 1 1 1 1 1 1 1
Preparer	Firm's name BERDON LLP		Firm's EIN 13-0485070
Use Only	Firm's address 360 MADISON AVEN		
	NEW YORK, NY 100	17	Phone no 212-832-0400

LHA For Paperwork Reduction Act Notice, see the separate instructions

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

Form 990 (2018)

No

End of Year

13,509,344.

16,187.

493,157

X Yes

Beginning of Current Year

12,619,145. 134,668.

12,484,477.

	n 990 (2018) BAPS CHARITIES, INC	26-1530694 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
•	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	revenue, if any, for each program service reported	s, the total expenses, and
4a	(Code) (Expenses \$ 5,499,589. including grants of \$ 4,761,490.) (Revent TO UNDERTAKE PROGRAMS FOR PROMOTING HEALTH CARE, BUILDIN	G EDUCATIONAL
	INSTITUTIONS, PROTECTING NATURAL RESOURCES, EMPOWERING TUNDERPRIVILEGED, INVESTING IN CHILDREN AND YOUTH DEVELOP	
	STRENGTHENING FAMILY UNITY AND COMMUNITY HARMONY, AND PR	
	DURING NATURAL DISASTERS, AND SUPPORTING OTHER ORGANIZAT	
	SUCH ACTIVITIES.	
4b	(Code) (Expenses \$	ue \$)
		*
		
4c	(Code) (Expenses \$	ue \$)
		
4d	Other program services (Describe in Schedule O)	1
le	(Expenses S including grants of S) (Revenue S	
	<u> </u>	Form 990 (2018)

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Form 990 (2018) BAPS CHARITIES, INC

Rant IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
	If "Yes," complete Schedule A

- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 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
- 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
- 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
- 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 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
- Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,
 - **b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
 - c 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
 - 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
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
- **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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - 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
- 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
- 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
- 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
- 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
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21 Did the organization report more than \$5 000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A). line 1? If "Yes," complete Schedule I, Parts I and II

		Yes	No
	1_	X	
	2	X	
	3		Χ_
t	4		Х
	5		Х
,	6_	Х	
I			Х
	7		Λ
	8		Х
	9		Х
	10_		Х_
	÷		
	11a		Х
	1114		
	11b	Х	
	11c		Х
	11d		Х
	11e		X
	1 1f		Х
	12a	Х	
	12b		х
	13		Х
	14a		Х
	14b		Х
	15_	Х	
	16		Х
			Х
	17		
	18		Х
	19		X
	20a		Х
	20b		
	21	Х	

Form 990 (2018)

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Form 990 (2018)

Form 990 (2018) BAPS CHARITIES, INC Part-IV. Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24 a	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," answer lines 24b through 24d and complete	}		
	Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax exempt bonds?	24c	Ĺ	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	l	Х
b	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's prior Forms 990 or 990 EZ? If "Yes," complete	İ		
	Schedule L. Part I	25b	ŀ	Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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 III	27		Х
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33	Х	
34	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	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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		
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		X
37	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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	No
1a	Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable 1a 0			
b	Enter the number of Forms W 2G included in line 1a. Enter 0- if not applicable.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	0 9 4	P	age ·	
ra	Statements negarding Other Ins Fillings and Tax Compliance (continued)		Γ.,	Г.,	
22	Enter the number of employees reported on Form W.2. Transmittel of Wass and Tay Statements		Yes	No	
Za	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 2a 0				
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		\vdash	
U		20		 	
3-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	2-		X	
		3a	-	A	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b_			
44	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	40		x	
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		 ^	
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			l	
5-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			Х	
		5a_		X	
b	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?	5b		- 1	
		5c			
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6 -		х	
h	any contributions that were not tax deductible as charitable contributions?	6a		^	
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	C !-			
7		6b		 	
7	Organizations that may receive deductible contributions under section 170(c).			X	
	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?	7a			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		_V	
	to file Form 8282?	7c	-	X	
	If "Yes," indicate the number of Forms 8282 filed during the year Did the assemblation seems and finder directly as indicately to pay assemblation of participations.	7.		v	
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	X	
f 	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			Х	
0	sponsoring organization have excess business holdings at any time during the year?	8		^	
9	Sponsoring organizations maintaining donor advised funds.			Х	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		^	
10	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on Part VIII, line 12	ĺ			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]				
11	Section 501(c)(12) organizations. Enter				
	Gross income from members or shareholders Gross income from ether sources (De not not appeared due or nord to other sources account		}		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l			
22	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?	120			
	If "Yes," enter the amount of tax exempt interest received or accrued during the year 12b	12a			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	i			
		120			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
h	Note See the instructions for additional information the organization must report on Schedule O	l			
U	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		ŀ		
	Enter the amount of reserves on hand Did the erganization receive any payments for indeer tanning services during the tax year?	11-		Х	
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yos " has it filed a Form 720 to report these payments? If "Nos " has it filed a Form 720 to report these payments? If "Nos " has it filed a Form 720 to report these payments? If "Nos " has it filed a Form 720 to report these payments? If "Nos " has it filed a Form 720 to report these payments? If "Nos " has it filed a Form 720 to report these payments? If "Nos " has it filed a Form 720 to report these payments."	14a		Λ	
ь 5	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	.		Х	
	excess parachute payment(s) during the year? If "Yes " see instructions and file Form 4720. Schodule N	15		Λ	
	If "Yes," see instructions and file Form 4720, Schedule N			X	
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16			
	If "Yes " complete Form 4720 Schedule O				

Form 990 (2018) BAPS CHARITIES, INC 26-1530694 Page Part VII Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI				X			
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	1a 7	(E)44 (,	,			
	If there are material differences in voting rights among members of the governing body, or if the governing		h ~]	12.70	* *			
	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 7	ا ان آلا	ψ,	5			
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		X			
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_		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's asset		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 app	point 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, sto	ockholders, or						
	persons other than the governing body?		7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the following	2	, .: - .	-			
а	The governing body?		8a	Х				
b	Each committee with authority to act on behalf of the governing body?		8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at the						
-	organization's mailing address? If "Yes." provide the names and addresses in Schedule O		9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	renue Code)						
				Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters, 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	X				
b								
12a								
b	the desired state of the second state of the s							
С	O 4 11 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A							
	in Schedule O how this was done	•	12c	X				
13	Did the organization have a written whistleblower policy?		13	X				
14	Did the organization have a written document retention and destruction policy?		14	X				
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?		<i>3</i> ,	1	i eq			
а	The organization's CEO, Executive Director, or top management official		15a	X				
b	Other officers or key employees of the organization		15b	Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		1	7	2			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a	247	.				
	taxable entity during the year?		16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation	٠,					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi			79	-تر			
	exempt status with respect to such arrangements?		16b					
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed >AL, AZ, AR, CA, CO	O, CT, FL, GA, IL	,KS,	MD,	MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and							
-	for public inspection indicate how you made these available. Check all that apply		• •					
		ın Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con-	•	financi	al				
	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 book	ks and records						
	MR. YOGENDRA PARMAR - 732-777-1414		•					
	81 SUTTONS LANE PISCATAWAY, NJ 08854-5723	····						

-orm	990	(2018)	

BAPS CHARITIES, INC

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26-1530694

Partivili 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

X Check this box if neither the organization ne	or any related o	orga	nıza	tion	con	nper	sate	ed any current officer, d	rector, or trustee	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition more) than (one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson ı	s both	n an	compensation	compensation	amount of
	week	_	cer an	o a o	recto	r/trus	iee)	from	from related	other
	(list any	recto					i	the	organizations	compensation
	hours for	ō	83			aled	j	organization (W-2/1099 MISC)	(W-2/1099-MISC)	from the organization
	related organizations	ustee	trus		, 25	uadu		(44-27 1099 141130)		and related
	below	and to	Itona		nploy	yee yee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	F ormer			
(1) NILKANTH PATEL	0.00									
PRESIDENT/DIRECTOR, 0-10HR/WK		Х	_	Х	<u> </u>			0.	0.	0.
(2) ANAND MEHTA	0.00									
V.P./DIRECTOR, 0-5HR/WK		Х		X		ļ		0.	0.	0.
(3) BHAVESH AMIN	,0.00				-			_	_	_
SECRETARY & DIRECTOR, 0-5HR/WK		X		X				0.	0.	0.
(4) YOGENDRA PARMAR	0.00							_	_	
TREASURER, 0-10HR/WK		X		Х				0.	0.	0.
(5) GOVIND VAGHASIA	0.00									
DIRECTOR, 0-5HR/WK		Х						0.	0.	0.
(6) PRAFUL RAJA	0.00									
DIRECTOR, 0-5HR/WK		Х				_	<u> </u>	0.	0.	0.
(7) RATI PATEL	0.00	٦,						,	0	_
DIRECTOR, 0-5HR/WK		Х	_					0.	0.	0.
										
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						1	ш			5 000 (224.2)

Section A. Officers, Directors, Irus		<u> ploy</u>	ees,			gne	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		l than	one	Reportable	Reportable	I		tımated	
	hours per week					s botl or/trus		compensation	compensate			nount of	
	(list any	 	T		1		1	from the	from relate			other pensatio	
	hours for	direct			ł	-		organization	organization (W-2/1099 MI			om the	,,,,
	related	26 Of a	stee			nsale		(W-2/1099 MISC)	(11 2, 1000 1111	00,	l .	anızatıor	ı
	organizations	Individual trustee or director	Institutional trustee		yee	ad mic					_	related	
	below	iduai	totto	ĕ	Key employee	est co	ية ا			-	orga	nızatıon	S
	line)	ģ	is i	Officer	Key	Highest compensaled employee	Former						
		<u> </u>	L_										
]											
	1	<u> </u>	<u> </u>	<u> </u>	ļ.,		<u> </u>						
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		1					ŀ						
11.01.11				L	l		<u> </u>	0.		0.			0.
1b Sub-total								0.		0.			<u>) </u>
c Total from continuation sheets to Part V	II, Section A							0.		0.			<u>) </u>
d Total (add lines 1b and 1c)			14	-1 -1-			<u> </u>		000 -6				<u>, , </u>
2 Total number of individuals (including but r	not limited to th	ose	liste	o ac	oove	e) wn	o re	ceived more than \$100,	ооо от геропаы	е			0
compensation from the organization								· · · · · · · · · · · · · · · · · · ·				Yes N	10
3 Did the organization list any former officer	director or tri	ıctor		v on	nnla		or t	alabast componented on	anlayaa an	ſ		100 1	<i>z</i> .
		12166	5, NE	y en	ιιριο	iyee,	011	iignest compensated en	iipioyee oii	ł	3		X
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si		0.00	mne	nea	tion	and	oth	er compensation from the	ne organization	ŀ	-		<u> </u>
and related organizations greater than \$15	•							•	le organization	ł	4	- +	X
5 Did any person listed on line 1a receive or									lual for services	ł		- -	_
rendered to the organization? If "Yes." con								organization or marvie	iodi ioi oci vices	ľ	5	1 :	X
Section B. Independent Contractors	iolete Scheduit	- 11	7131	(41)	7673	UII							_
Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	at received more than \$	100.000 of com	pensat	ion fro	m	_
the organization Report compensation for													
(A)				-				(B)			(C)	
Name and business	address	NC	ONE	2				Description of s	ervices	С		sation	
										L			
				•							_		
							4		_	<u> </u>			
							- 1						
							_						
												_	
2 Total number of independent contractors (i		ot lin	nited	to t	_		ted	above) who received mo	re than		•		•
\$100,000 of compensation from the organi	zation					,						200	

26-1530694 Page 9 BAPS CHARITIES, INC Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 (B) Related or (C) Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b b Membership dues 1c c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 7,041,572 similar amounts not included above 30,221, g Noncash contributions included in lines 1a-1f \$ 7,041,572 h Total. Add lines 1a 1f Business Code Program Service Bevenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 253,249. 253,249. other similar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 2,294,481. assets other than inventory b Less cost or other basis 2,280,365. and sales expenses 14,116. c Gain or (loss) 14,116. 14,116. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total Add lines 11a 11d

Total revenue See instructions

7,308,937.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)										
Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations	 ·		水源:						
	and domestic governments See Part IV, line 21	1,408,283.	1,408,283.							
2	Grants and other assistance to domestic			الهاي في						
	individuals See Part IV, line 22	54,907.	54,907.	.1.						
3	Grants and other assistance to foreign			1						
	organizations, foreign governments, and foreign									
	individuals See Part IV, lines 15 and 16	3,298,300.	3,298,300.	-						
4	Benefits paid to or for members			Listania II						
5	Compensation of current officers, directors,									
	trustees, and key employees									
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and			1						
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages									
8	Pension plan accruals and contributions (include			1						
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees)									
а	Management			ļ						
þ	Legal			1 - 1 - 1						
С	Accounting	15,000.		15,000.						
d	, ,									
е	Professional fundraising services See Part IV, line 17									
f	Investment management fees									
9	, ,	(25 272	בקר אאר	60 130						
	column (A) amount, list line 11g expenses on Sch 0)	635,373.	575,235.	60,138.	4 405					
12	Advertising and promotion	9,512.	5,017.	0.751	4,495.					
13	Office expenses	220,780.	22,313.	9,751.	100,/10.					
14	Information technology									
15	Royalties			-						
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance	9,303.	9,303.							
24	Other expenses Itemize expenses not covered	·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 2	,					
	above (List miscellaneous expenses in line 24e If line	3 2 2 1	•							
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)		· ·							
а	CREDIT CARD FEES	81,427.	12,437.	68,990.						
b	GIFTS	36,910.	36,910.							
С	RENTAL EXPENSES	24,665.	24,665.							
d	MISCELLANEOUS EXPNESES	22,600.	22,600.							
е	All other expenses SEE SCH O	33,295.	29,619.	3,676.	·					
<u> 25</u>	Total functional expenses Add lines 1 through 24e	5,850,355.	5,499,589.	157,555.	193,211.					
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 If following SOP 98-2 (ASC 958-720)			<u> </u>						
000011	1 12-31-18				Form 990 (2018)					

Form 990 (2018)
Part X Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
	_			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	392,733.	1	1,500,561.	
	2	Savings and temporary cash investments		7,010,648.	2	3,031,221.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		63,000.	4	15,000.
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa	ted employees Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualif	ied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	on 501(c)(9) voluntary	_		
S.		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	<u> </u>
Assets	7	Notes and loans receivable, net			7	
¥	8	Inventories for sale or use			. 8	<u> </u>
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	·
	11	Investments publicly traded securities			11	0.05.406
	12	Investments - other securities See Part IV, line 1	1	5,139,734.	12	8,935,186.
	13	Investments - program related See Part IV, line	11		13	
	14	Intangible assets	42 222	14	05.056	
	15	Other assets See Part IV, line 11	13,030.	15	27,376.	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	12,619,145.	_16	13,509,344.
	17	Accounts payable and accrued expenses		134,668.	17	16,187.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax exempt bond liabilities	2 1 1 1 1 CO 1 1 1 1 D		20	· · · · · · · · · · · · · · · · · · ·
	21	Escrow or custodial account liability Complete R			21	
ies	22	Loans and other payables to current and former			į	
Liabilities		key employees, highest compensated employee Complete Part II of Schedule L	s, and disqualined persons		22	
Liat	22	•	tool third parties		23	
	23	Secured mortgages and notes payable to unrela Unsecured notes and loans payable to unrelated			24	
	24	Other liabilities (including federal income tax, pa			-24	<u> </u>
	25	parties, and other liabilities not included on lines				
		Schedule D	2 ij Gompiete i uit A oi		25	
	26	Total liabilities Add lines 17 through 25		134,668.	26	16,187.
		Organizations that follow SFAS 117 (ASC 958)	, check here X and			<u> </u>
		complete lines 27 through 29, and lines 33 and	• —			
ces	27	Unrestricted net assets		12,036,239.	27	13,034,847.
ılan	28	Temporarily restricted net assets		448,238.	28	458,310.
189	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (AS	SC 958), check here			
r F		and complete lines 30 through 34.			j	
ts c	30	Capital stock or trust principal, or current funds			30	
sse	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
t A	32	Retained earnings, endowment, accumulated inc	·		32	
S	33	Total net assets or fund balances		12,484,477.	33	13,493,157.
	34	Total liabilities and net assets/fund balances		12,619,145.	34	13,509,344.
						Form 990 (2018)

orm	1990 (2018) BAPS CHARITIES, INC	<u> 26-</u>	<u>-15306</u>	594	Pag	ge 12
Ŗа	त्रं X[ं] Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 308		
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 850		
3	Revenue less expenses Subtract line 2 from line 1	3		, 458		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		, 484		
5	Net unrealized gains (losses) on investments	_ 5		<u>-459</u>	9,9	<u>74.</u>
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		<u> </u>	0,0	<u>72.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	. 1				
	column (B))	10	13	<u>, 493</u>	<u>3,1</u>	<u>57.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			r		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			7.\$		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э	ļ		<u>.</u> ±	, , ,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		ļ	2a	_	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		ļ	ا ا		ļ. ⁻
b	Were the organization's financial statements audited by an independent accountant?		ļ	2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,		.		, -
	consolidated basis, or both			_ 4		-
	Separate basis X 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	audıt,		!		
	review, or compilation of its financial statements and selection of an independent accountant?		-	2c	<u>X</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		1			 _
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Aud	nt			
	Act and OMB Circular A 133?		-	3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	ıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	000	
				Form	990	(2018)

832012 12-31-18

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990 or Form 990-EZ

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Name of the organization Employer identification number DADC CHADITIEC TNC 26_1530694

			CHARTILES					0-1330034		
Pa	rtil	Reason for Public	Charity Status (All organizations must co	omplete th	is part) Se	ee instructions			
he	organi	zation is not a private found	lation because it is (For lines 1 through 12, c	heck only	one box)				
1	$\overline{\Box}$	A church, convention of ch					1)(A)(ı).			
2	\equiv	A school described in sect					~ ~ ~ ~	\bigcup		
_	\equiv	A hospital or a cooperative					\			
3	=							the heartella nama		
4	ш	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								
5		An organization operated for	or the benefit of a co	lege or university owner	or operat	ed by a go	overnmental unit describ	ed in		
		section 170(b)(1)(A)(iv) (0	Complete Part II)							
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma						public described in		
	_	section 170(b)(1)(A)(vi). (C	•	, , ,	3		J	•		
8		A community trust describe		1\(\A\\\vi\) (Complete Par	+ II \					
	=	•								
9	Ш	An agricultural research org								
		or university or a non-land-o	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of the college	e or		
		university								
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	port from o	contributio	ns, membership fees, ar	d gross receipts from		
		activities related to its exen	npt functions - subjec	et to certain exceptions,	and (2) no	more than	n 33 1/3% of its support	from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975		
		See section 509(a)(2). (Co	mplete Part III)							
11		An organization organized		vely to test for public sa	fetv See	section 50	09(a)(4).			
12		An organization organized						nurnoses of one or		
		more publicly supported or								
			•					SHECK THE DOX III		
	_	lines 12a through 12d that	• •							
а	L	Type I. A supporting orga	•	•	-			-		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting		
		organization You must o	complete Part IV, Se	ctions A and B.						
þ		Type II. A supporting org	anization supervised	or controlled in connect	tion with it:	s supporte	ed organization(s), by hav	/ing		
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted		
		organization(s) You mus								
r	-	Type III functionally inte	•		in connect	ion with a	and functionally integrate	ed with		
·		its supported organization	•					,,,		
	Γ							ration(a)		
d	_	Type III non-functionally								
		that is not functionally int						reness		
	_	requirement (see instruct	•							
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III			
		functionally integrated, or	Type III non-function	nally integrated supportii	ng organiz	ation				
f	Ente	r the number of supported o	organizations							
g	Provi	de the following information	about the supporte	d organization(s)						
	(1)	Name of supported	(ii) EIN	(III) Type of organization	(iv) Is the orga in your governi	inizalion listed no document?	(v) Amount of monetary	(vi) Amount of other		
		organization		(described on lines 1 10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
				above (see mandenoma)						
										
							·			
							· · · · · · · · · · · · · · · · · · ·			
										
ota	ı		7 L 12 1 14 18 18	Section of the sectio						

Schedule A (Form 990 or 990-EZ) 2018 BAPS CHARITIES, INC 26-1530 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not	}					
	include any "unusual grants ")	3490850.	3829605.	5655557 .	7359946.	7041572.	27377530.
2	Tax revenues levied for the organ						
	ızatıon'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	Total. Add lines 1 through 3	3490850.	3829605.	5655557.	7359946.	7041572.	27377530.
	The portion of total contributions						
	by each person (other than a	ļ					
	governmental unit or publicly						
	supported organization) included	i					
	on line 1 that exceeds 2% of the		i				
	amount shown on line 11,	-					
	column (f)						
6	Public support. Subtract line 5 from line 4					 	27377530.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	3490850.	3829605.	5655557.	7359946.		27377530.
	Gross income from interest,					_	
Ü	dividends, payments received on				:		
	securities loans, rents, royalties,		İ				
	and income from similar sources	3,252.	9,809.	4,381.	125,641.	267,365.	410,448.
9	Net income from unrelated business	372321	2,70001	2,00,20			
9	activities, whether or not the						
10	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)		·····				27787978.
	Total support. Add lines 7 through 10	ata (aca instruct				12	2.1015101
	Gross receipts from related activities,	•	•	l foundbook fifth to	 		
13	First five years. If the Form 990 is for	•	mst, second, tniro	a, rourer, or fifth ta	x year as a section	1 30 1(0)(3)	
Sec	organization, check this box and stop ction C. Computation of Public	riere c Support Peri	centage				
	Public support percentage for 2018 (li			olumn (fl)	· · ·	14	98.52 %
	,, ,		•	Janin (i))		15	99.40 %
	Public support percentage from 2017 33 1/3% support test - 2018. If the o			hine 12 and has 1	1 ic 33 1/204 or		
ioa		-		i iiile 13, and iiile i	4 15 33 1/3/0 01 111	ore, crieck triis box	► X
h.	stop here. The organization qualifies a 33 1/3% support test - 2017 If the organization qualifies a stop here.		-	no 12 or 160, and	luno 15 (c 22 1/20/	or more check the	
D					IIII@ 13 IS 33 1/376	or more, check th	\$ DOX
4 - 7 .	and stop here. The organization quali		• •		10 16 16h -	ad laa 14 a 100/ a	-
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fact			•	•	t vi now the organ	ization
	meets the "facts and circumstances" t	•			•	7 40	▶ ∟
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th						·
	organization meets the "facts and-circ		•		• • • •		
18	Private foundation If the organization	n did not check a b	oox on line 13, 16a	i, 16b, 1/a, or 17b	cneck this box ar	na see instructions	

Schedule A (Form 990 or 990 EZ) 2018 BAPS CHARITIES, INC
Part III Support Schedule for Organizations Described in Section 509(a)(2)

qualify under the tests listed be	alaw places comr	oloto Dart II \				
Section A. Public Support	elow, please comp	Diete Fait II)				
Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	_(c) 2016	(d) 2017	(e) 2018	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				;		
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 business under section 513		-				
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total 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						ļ.
8 Public support. (Subtract line 7c from line 6)			<u> </u>	1	<u> </u>	
Section B. Total Support					7	
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
c 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)			1			
 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here 	the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2018 (li16 Public support/percentage from 2017	Schedule A, Part	III, line 15	column (f))		15	% %
Section D. Computation of Inves						
17 Investment income percentage for 2018 Investment income percentage from 2			ine 13, column (f))		17	<u>%</u>
19a 33 1/3% support tests - 2018 If the more than 33 1/3%, check this box and b 33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, check	id stop here The organization did n	organization qual not check a box of	ifies as a publicly s n line 14 or line 19a	upported organiza i, and line 16 is m	ation ore than 33 1/3%, a	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	ļ	
1_	 	ļ
2	 	
За		
<u> </u>	 	
3b		
3c		
4a		
4b		
40		
4c	ļ	
_		
5a		
5b		
5c		
	ļi	
ĺ		
6		
7		
8		
9a	 	
9b		
9с		
_ 10a		
10h		

		2-123063	4 Pa	age 5
Ра	rt IV Supporting Organizations (continued)		T.,	F
	Here the appropriate and a settler appropriate from any of the following paragray?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)]		
а	below, the governing body of a supported organization?	11a	 -	-
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110_	I	
	der 21 Type i eapper mig e igament		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ĺ	ļ	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ŀ	ł	
	controlled the organization's activities. If the organization had more than one supported organization,	ĺ	Ì	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the lax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			}
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			i
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	<u> </u>		
	the supported organization(s)			<u> </u>
Sec	tion D. All Type III Supporting Organizations			,
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1	İ	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	ļ	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		ļ	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			ŀ
	significant voice in the organization's investment policies and in directing the use of the organization's	ļ		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	<u> </u>		
500	supported organizations played in this regard tion E. Type III Functionally Integrated Supporting Organizations	3	L	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	Juons)		
a	The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below			
b	The organization is the parent of each of its supported organizations. Complete line's perow The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	an instructions	1	
с 2	Activities Test Answer (a) and (b) below.	ee irisiraciioris)	Yes	No
z a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	1.0
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			İ
	reasons for the organization's position that its supported organization(s) would have engaged in these	;		
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990 or 990 EZ) 2018 BAPS CHARITIES, INC			26-1530694 Page 6
Pa	rt.V. Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov 20, 1970 (explain in	Part VI) See instructions A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		1
_ 3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		<u> </u>	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
_ с	Fair market value of other non exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			,
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1 1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6_	Multiply line 5 by 035	6		
7	Recoveries of prior year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non functional	ly integrate	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Schedule A (Form 990 or 990-EZ) 2018

c Excess from 2016d Excess from 2017e Excess from 2018

Schedule A	(Form 990 or 990 EZ) 2018 BAPS	CHARITIES,	INC	26-1530694 Page 8
Pant VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c, line 1, Part IV, Section D, lines 2 and	Provide the explanati 4b, 4c, 5a, 6, 9a, 9b, 3, Part IV, Section E,	ons required by Part II, line 10, Part II, line 17a o 9c, 11a, 11b, and 11c, Part IV, Section B, lines lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, 5, and 6 Also complete this part for any addition	17b, Part III, line 12, and 2, Part IV, Section C, /, Section B, line 1e, Part V,
<u>.</u>				
	-			
			· · · · · · · · · · · · · · · · · · ·	
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			and the second	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990

► Go to www.irs gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Inspection)

Name of the organization

Employer identification number

Schedule D (Form 990) 2018

	BAPS CHARITIES, INC	26-1530694
'Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on 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) 45,773.	
3	Aggregate value of grants from (during year) -35,701.	
4	Aggregate value at end of year 458, 310.	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	inds
5	are the organization's property, subject to the organization's exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
6	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
		X Yes No
Pa	impermissible private benefit? rt*II**** Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part I	
Га		iv, ine /
1	Purpose(s) of conservation easements held by the organization (check all that apply)	di
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat Preservation of a certified	nistoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a contribution of the contribution of the contribution in the form of a contribution of the contrib	1 1
	day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	anization during the tax
	year ▶	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserval	tion easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?	L Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the o	rganization's accounting for
	conservation easements	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on 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 a	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	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 sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public si	ervice, provide the following amounts
	relating to these items	
	(i) Revenue included on 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	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	> \$
	Assets included in Form 990, Part X	▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sche	dule D (Form 990) 2018 BAPS CH.	ARITIES, II	NC					26-1 <u>5</u>	30694	Pa	ge 2
	tilli Organizations Maintaining C	ollections of Ar	t, Histo	rıcal Tre	asures, or	Other	Simila	r Assets	(continu	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the f	ollowing that	are a sig	nificant u	se of its c	ollection i	tems	
	(check all that apply)										
а	Public exhibition	c	ı 🔲 L	oan or excl	hange prograi	ms					
b	Scholarly research	e	· 🗌 o	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	e organization	n's exem	pt purpo	se in Part	XIII		
5	During the year, did the organization solicit o	r receive donations of	of art, hist	orical treas	sures, or other	sımılar a	assets	_	_	_	
	to be sold to raise funds rather than to be ma								Yes		No
<u>[Pai</u>	Escrow and Custodial Arran		ete if the d	organizatio	n answered "\	res" on l	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par								-	_	
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for co	ontributions	s or other asse	ets not ir	ncluded	_	٦		
	on Form 990, Part X?							L-	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tal	ble							
									Amount		
С	Beginning balance						1c		_	_	
d	5 ,						_1d		-	_	
e	Distributions during the year						_1e		_	-	
f	Ending balance	arm 000 Dort V kao	01 for on		intadial aggain	nt linbilit	<u>_1f</u>		Yes	<u> </u>	No
	Did the organization include an amount on Four If "Yes," explain the arrangement in Part XIII						ıy,		J Tes	H	NU
	tives, explain the arrangement in Part XIII						n				
[I- <u>-</u> -	Lite William Complete	(a) Current year		or year	(c) Two years			rears hack	(e) Four	vears h	ack
10	Beginning of year balance	(a) Current year	(5) 1 1	ioi yeai	(C) TWO YOURS	, back	(d) 111100)	Curs buck	(6) 1 001	youro o	uoix
1a h	Contributions									_	
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities									_	
·	and programs										
f	Administrative expenses	*****									
g	End of year balance		_			l l	_				
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g,	column (a)) held as	•			•		
а	Board designated or quasi-endowment	,	%		•						
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%									
3a	Are there endowment funds not in the posse	ccion of the organiza	tion that	aro hold an	id administoro	d for the	organiza	ation	_		
	by									Yes	No
	(i) unrelated organizations								3a(ı)		
	(II) related organizations								3a(II)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sch	nedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fur	nds							
Par	tiVI∎ Land, Buildings, and Equipm										
	Complete if the organization answered				- 1						
	Description of property	(a) Cost or o basis (investr	1	(b) Cost basis (or other (other)	• •	cumulate preciation	;d	(d) Book 	value 	
1a	Land										
b	Buildings					_		\longrightarrow			
С	Leasehold improvements									_	
d	Equipment										
	Other										_
Total	Add lines 1a through 1e (Column (d) must e	aual Form 990. Part	X. column	(B). line 10	Oc.)				D /C		0.

Schedule D (Form 990) 2018

Part viii investments - Other Securities.	5 000 5 18/1	14b	
Complete if the organization answered "Yes"	(b) Book value		ar and of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost of	or end of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests	<u> </u>		
(3) Other (A) J.P.MORGAN - TRADED			
	8,935,186.	END-OF-YEAR MARK	יביי אזווד
	0,933,100.	END-OF-TEAK MAKK	EI VALUE
(C)			
(D)			
(E) (F)			
(G)			<u> </u>
(H)			-
Total (Col (b) must equal Form 990, Part X, col (B) line 12)	8.935.186.		Partition of the second
Partivill Investments - Program Related.	0,733,12001	CONT. D. CO. C. C. C. C. C. C. C. C. C. C. C. C. C.	Seed 1777; w/
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost of	r end-of-year market value
(1)			<u> </u>
(2)		, ,	
(3)	· · ·		
(4)			· · · · · · · · · · · · · · · · · · ·
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13) ▶			the state of the s
PartilXi Other Assets.			
Complete if the organization answered "Yes" of		11d See Form 990, Part X, line 15	
(a) [Description		(b) Book value
(1)	o 		
(2)			
(3)			·
(4)			
(5)			
(6)			-
		 	
(8)			
(9)			
Total (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		<u> </u>
Complete if the organization answered "Yes" of	- Fare 000 Dort IV line :	11a ay 116 Saa Farm 000 Dart V Iva	- 25
(-) December of Lebels.		(b) Book value	e 23
		(a) Book value	Ç
(1) Federal income taxes		_	
(2)		-	
(3)			c
(4)	_		
(5)	-		
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
LOTAL IC Alumn (b) must equal form UUL Dart Y col (D) has	25.)		

Schedule D (Form 990) 2018

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

' Sche	dule D (Form 990) 2018 BAPS CHARITIES, INC			L530694	Page 4
Päi	tXIಜ್ಞ Reconciliation of Revenue per Audited Financial Statem		eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	'a			
1	Total revenue, gains, and other support per audited financial statements		1	6,818,	<u>963.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a -459,974.	4		
b	Donated services and use of facilities	2b	1 1		
С	Recoveries of prior year grants	2c	4		
d	Other (Describe in Part XIII)	2d		450	
е	Add lines 2a through 2d		2e	-459,	
3	Subtract line 2e from line 1		3	7,308,	937.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	١.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4		
b	Other (Describe in Part XIII)	4b	 		0
С	Add lines 4a and 4b		4c	T 200	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	and With Francisco	5	7,308,	93/.
Pai	t XII , Reconciliation of Expenses per Audited Financial Staten		Returr	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a	, -		255
1	Total expenses and losses per audited financial statements		1	5,850,	335.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1	-		
а	Donated services and use of facilities	2a	-		
b	Prior year adjustments	2b	-		
С	Other losses	2c	-		
d	Other (Describe in Part XIII)	2d	+		0
е	Add lines 2a through 2d		2e	- 050	
3	Subtract line 2e from line 1		3	5,850,	300.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 . 1	<u> </u> •		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-{		
ь	Other (Describe in Part XIII)	4b			0
	Add lines 4a and 4b		4c	5,850,	355
5 I:Dai	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) † XIII Supplemental Information.	 	5	3,830,	333.
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	rt IV lines 1h and 2h Part V line	1 Part Y	line 2 Part Y	
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ad		+, rait ^	, iiile 2, Fait A	',
111163	20 and 40, and 1 art XII, lines 20 and 40 7050 complete this part to provide any ad	ditional mornation			
				·	
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				-	
					
		<u> </u>			

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public ''Inspection__z,

Name of the organization

Employer identification number

BA	PS CHARITIES,	INC			26-153069	
Рa	rt:I . General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organization answered "	 Yes" on
	Form 990, Part I	V, line 14b				
1	For grantmakers. Does	s the organization	n maintain recor	ds to substantiate the amount of its gra	ants and other assistance,	
	the grantees' eligibility f	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assistance?	Yes X No
					•	
2	For grantmakers Desc	cribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance outs	side the
	United States					
3	Activities per Region (T	he following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
		offices	employees, agents, and independent	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
		in the region	independent contractors	gram services, investments, grants to recipients located in the region)	describe specific type of service(s) in the region	investments
		ļ	in the region	recipients located in the region,	or service(s) in the region	in the region
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	<u> </u>					
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	Cubtotal	0	0		- ** * ** ***	0.
	Subtotal Total from continuation					
a	Total from continuation sheets to Part I	o	0	The state of the second		0.
_		 		4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		1
C	Totals (add lines 3a and 3b)	0	0			0.
	and Juj	ı VI	•			1 .

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule F (Form 990) 2018

BAPS CHARITIES, INC

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
,		SOUTH ASIA	EDUCATIONAL & MEDICAL PROGRAMS	3298300. WIRE	vire.	0.		
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-	, -							
	-							
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 2 Enter total number of recipient organizations listed a by the IRS, or for which the grantee or counsel has g 3 Enter total number of other organizations or entitles 	recipient organization ch the grantee or cou	ns listed above that are innsel has provided a secon entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	oreign country, r	ecognized as tax exe	empt 🔻		1

Schedule F (Form 990) 2018

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Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed

BAPS CHARITIES, INC

Schedule F (Form 990) 2018

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2018

Sched	ule F (Form 990) 2018 BAPS CHARITIES, INC	26-1530694	Page 4
Part	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	☐ Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713, don't file with Form 990)

Yes X No

SCHEDULE (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

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OMB No 1545-0047

Employer identification number

BAPS CHARI	CHARITIES. INC						26-1530694
	nd Assistance						2000
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	o substantiate the	amount of the grants	or assistance, the o	grantees' eligibility	for the grants or assis	stance, and the selection	UC
criteria used to award the grants or assistance?	tance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use	cedures for monit		of grant funds in the United States	States			
Part II Grants and Other Assistance to Domestic Organizations and D	Domestic Organiz	zations and Domestic	Governments. C	omplete if the orga	nization answered "Y	omestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any	IV, line 21 for any
recipient that received more than \$5,000. Part II can be duplicated	55,000 Part II can		if additional space is needed	þ			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BAPS FELLOWSHIP SERVICES							
81 SUTTONS LANE							
PISCATAWAY, NJ 08854	26-1382031	501(C)(3)	500,000.	0.			EDUCATIONAL PROGRAMS
PADS COHMENSON - DE							
(4)							
PISCATAWAY, NJ 08854	27-2508808	501(C)(3)	643,000.	.0			EDUCATIONAL PROGRAMS
THE NATURE CONSERVANCY							
4245 FAIRFAX DR., STE 100							COMMUNITY PROGRAM.
ARLINGTON, VA 22203-1637	53-0242652	501(C)(3)	166,000.	0			WALK-A-THON
ניסק ייסט שהיייוסט שמטם ומחדע							
TON, INC.							COMMUNITY PROGRAM
AVENUE - EDISON, NJ 08818-3050	22-6079662	501(C)(3)	5,000.	0			WALK-A-THON
NEWSDAY CHARITIES INC.							
6 CORPORATE CENTER DRIVE							COMMUNITY PROGRAM.
MELVILLE, NY 11747	36-4868152	501(C)(3)	5,000.	0			WALK-A-THON
STAFFORD MSD EDUCATION FOUNDATION							
PO BOX 1907							COMMUNITY PROGRAM
STAFFORD, TX 77497	30-0238472	501(C)(3)	5,000.	0			WALK-A-THON
2 Enter total number of section 501(c)(3) and government organizations list	nd government orç		ed in the line 1 table				7.
3 Enter total number of other organizations listed in the line 1 table	listed in the line	1 table					1.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2018)

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26-1530694 Page 1	•	(h) Purpose of grant or assistance	COMMUNITY PROGRAM WALK-A-THON	COMMUNITY PROGRAM WALK-A-THON						,	Schedule I (Form 990)
	त्॥)	(g) Description of non cash assistance									
	edule I (Form 990), Pa	(f) Method of valuation (book, FMV, appraisal, other)									
	ited States (Sche	(e) Amount of non-cash assistance	0								
CHARITIES, INC	zations in the Un	(d) Amount of cash grant	8,875.	.000,5					,		
	ssistance to Governments and Organi	(c) IRC section if applicable	501(C)(3)								
		(b) EIN	13-1788491	36-2698815							ļ
Schedule I (Form 990) BAPS CHAR	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	(a) Name and address of organization or government	AMERICAN CANCER SOCIETY, INC. 250 WILLIAMS STREET NW, STE 400 ATLANTA, GA 30303	BARTLETT FIRE PROTECTION DISTRICT 234 N OAK AVENUE BARTLETT, IL 60103							

04-01 18

26-1530694 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed BAPS CHARITIES Schedule I (Form 990) (2018) Part III

(f) Description of noncash assistance .				
(e) Method of valuation (book, FMV, appraisal, other)				Part I, line 2, Part III, column (b), and any other additional information
(d) Amount of non cash assistance	.0	`0		(b), and any other ac
(c) Amount of cash grant	5,000.	49,907.		e 2, Part III, column
(b) Number of recipients	1	1		ured in Part I, lin
(a) Type of grant or assistance	ANISH A. JOSHI SCHOLARSHIP FUND	DIMPLE DHANANI - EDUCATION GRANT		Part IV Supplemental Information. Provide the information required in

SCHEDULE I, PART I, LINE

MONITORING GRANTS AND OTHER ASSISTANCE INSIDE THE UNITED STATES:-

THE ORGANIZATION HAS TO ENSURE THE APPROPRIATE USE OF OUR GRANT FUNDS

THESE INCLUDE ESTABLISHED PROCEDURES FOR MAKING AND MONITORING GRANTS.

THE FOLLOWING:

ITSA PRE-GRANT REVIEW OF A PROPOSED GRANTEE ORGANIZATION AND

PROGRAMS AND THE ORGANIZATION'S CAPACITY TO UNDERTAKE IT

GRANT PROPOSAL SUBMITTED BY THE GRANTEE. INITIAL REVIEW OF

3. FINAL REVIEW AND APPROVAL BY THE GRANT COMMITTEE.

832102 11-02-18

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Schedule I (Form 990) BAPS CHARITIES Part IV Supplemental Information	S, INC 26~1530694 Pa	ge 2
4. A COUNTER-SIGNED GRANT LETTER	FROM THE GRANTEE DEFINING THE TERMS OF	
THE GRANT.		
5. SITE VISIT BY A PROGRAM OFFICE	ER DURING THE TERM OF THE GRANT.	
6. SUBMISSION OF PERIODIC REPORT	BY THE GRANTEE WHICH ARE REVIEWED BY	
THE BOARD FOR COMPLIANCE WITH THE	E GRANT TERMS.	
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No. of the contract of the con		
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. SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information

Employer identification number

26-1530694

	BAPS CHARITI	ES, IN	C			26-1530694
Par	rtila Types of Property	-				
-		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash ((d) od of determining contribution amounts
1	Art - Works of art					
2	Art Historical treasures					
3	Art Fractional interests					
4	Books and publications			1		
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded	X	5	26,232.	MARKET (CLOSING VALUE
10	Securities Closely held stock					
11	Securities Partnership, LLC, or					
	trust interests					
12	Securities Miscellaneous					
13	Qualified conservation contribution			!		
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate Commercial				ļ	
17	Real estate - Other				ļ	
18	Collectibles					
19	Food inventory	<u></u>		!		
20	Drugs and medical supplies	X	1	2,400.	INVOICE	
21	Taxidermy			!	ļ	
22	Historical artifacts		<u> </u>	<u> </u>		
23	Scientific specimens		ļ'			. <u> </u>
24	Archeological artifacts		<u> </u>			
25	Other ▶ (EYE CHECKING)	X	1	1,589.	INVOICE	
26	Other • ()		ļ'		ļ	
27	Other • ()		ļ'			
	Other (<u> </u>	<u> </u>	<u> </u>	
	Number of Forms 8283 received by the organiz	-	-			
	for which the organization completed Form 828	33, Part IV, [Jonee Acknowledg	gement 29	···	
						Yes No
	During the year, did the organization receive by	-				
	must hold for at least three years from the date	of the initial	I contribution, and	which isn't required to be us	sed for	, 5 Table 1
	exempt purposes for the entire holding period?	,				30a X
	If "Yes," describe the arrangement in Part II					
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard contribute	ions?	31 X
32a	Does the organization hire or use third parties of	or related or	ganizations to solic	oit, process, or sell noncash		
	contributions?					32a X
b	If "Yes," describe in Part II					
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,	

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule M (Form 990) 2018

describe in Part II

Schedule M	(Form 990) 2018	BAPS	CHARITIES,	INC		26-1530694	Page 2
Partill	Supplemental	Inform	ation. Provide the	nformation	required by Part I, lines 30b, 32b, and 33,		
(2522.24) TO	is reporting in Part	Loolumn	(b) the number of co	ntributions	, the number of items received, or a comb	unation of both. Also comm	olete
	this part for any ac	i, columi Iditional ir	nformation	JIN DUNONS	, the number of temp received, or a come	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,
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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.

Go to www.irs gov/Form990 for the latest information.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

BAPS CHARITIES, INC Employer identification number 26-1530694

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DEVELOPMENT, COMMUNITY HARMONY, PROVIDING RELIEF DURING NATURAL
DISASTERS, AND SUPPORTING OTHER ORGANIZATIONS ENGAGED IN SUCH
ACTIVITIES.
FORM 990, PART III, LINE 1
THE ORGANIZATION AIMS TO SERVE INDIVIDUALS, FAMILIES, AND COMMUNITIES
IN NEED AROUND THE WORLD BY (A) PROVIDING HEALTH CARE THROUGH THE
CREATION OF WELL-STAFFED HOSPITALS, CLINICS, DISPENSARIES AND
ORGANIZING AWARENESS PROGRAMS AND OUTREACH SEMINARS; (B) BUILDING
SELF-SUPPORTING EDUCATIONAL INSTITUTIONS AND HELPING SUSTAINING
EXISTING EDUCATIONAL PROGRAMS TO PROVIDE QUALITY, VALUE-BASED EDUCATION
FOR CHILDREN; (C) PROTECTING OUR NATURAL RESOURCES BY CREATING
INNOVATIVE SUSTAINABLE SOLUTIONS THAT PROMOTE THE RESPONSIBLE USE OF
THE EARTH'S ECOSYSTEMS AND RESOURCES; (D) EMPOWERING UNDERPRIVILEGED
INDIVIDUALS WITH EDUCATION AND SKILLS TO RAISE STRONG AND UNITED
FAMILIES AND IN TURN, STRENGTHEN AND STABILIZE THEIR LOCAL COMMUNITIES;
(E) INVESTING IN THE FUTURE OF CHILDREN AND YOUTH BY INSPIRING
LEARNING, SELF-RELIANCE, FAMILY RESPECT, SOCIAL RESPONSIBILITY,
CULTURAL PRIDE, AND MORAL INTEGRITY; (F) ENGAGING IN ACTIVITIES AIMED
AT STRENGTHENING FAMILY UNITY AND HARMONY IN THE COMMUNITY AT LARGE AND
PROMOTING SOCIO-ECONOMIC DEVELOPMENT INITIATIVES WITH DEPRIVED
FAMILIES; (G) PROVIDING RELIEF SUPPORT TO SURVIVORS OF NATURAL
DISASTERS; AND (H) PROVIDING SUPPORT TO OTHER NONPROFIT ORGANIZATIONS
ENGAGED IN SUCH ACTIVITIES.

832211 10-10-18

Name of the organization Employer identification number 26-1530694 BAPS CHARITIES, INC FORM 990, PART VI, SECTION B, LINE 11B: A TENTATIVE DRAFT OF THIS FORM 990 (BEFORE IT IS FINALIZED AND SENT TO IRS) IS SENT TO THE ORGANIZATION'S GOVERNING BODY WHICH REVIEWS AND DISCUSSES THE RETURN ALONG WITH THE UNDERLYING FINANICAL STATEMENTS. ANY SUGGESTED CHANGES OR COMMENTS AND OUESTIONS ARE THEN DISCUSSED WITH THE CPA. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MAKES IT MANDATORY FOR THE INDIVIDUAL TO DISCLOSE HIS/HER INTERESTS IN A TRANSACTION THAT HE/SHE MAY BE INVOLVED IN. FORM 990, PART VI, SECTION B, LINE 15: THERE ARE NO COMPENSATED OFFICERS, DIRECTORS, OR TRUSTEES. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AZ, AR, CA, CO, CT, FL, GA, IL, KS, MD, MA, MI, MN, MS, NJ, NY, NC, OH, OK, OR, PA, SC, TN, VA WA,WI FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO PUBLIC UPON REQUEST. FORM 990, PART VIII, LINE 3 INVESTMENT INCOME CONSIST OF: (1) INTEREST & DIVIDEND INCOME FROM INVESTMENTS - \$189,264; (2) INTEREST INCOME FROM INVESTMENTS FROM CD'S - \$63,270; AND (3) INTEREST INCOME FROM MONEY MARKET - \$715

Schedule Official 990 or 990-E2 (2018) Page 2		
SAPS CHARITIES, INC Employer identification number 26-1530694	Schedule () (Form 990 or 990.E7) (2018)	Pane 2
FORM 990, PART IX, LINE 11G, OTHER FEES: SERVICE FEES: PROGRAM SERVICE EXPENSES 460,000. LAB SERVICE FEES: PROGRAM SERVICE EXPENSES 115,235. TOTAL EXPENSES 115,235. CUTSIDE SERVICES: MANAGEMENT AND GENERAL EXPENSES 60,138. TOTAL EXPENSES 60,138. TOTAL EXPENSES 60,138. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 635,373. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: LICENSE AND PERMITS: PROGRAM SERVICE EXPENSES 9,306. MANAGEMENT AND GENERAL EXPENSES 9,306. TOTAL EXPENSES 0. TOTAL EXPENSES 12,432. REFRESHMENT EXPENSES: PROGRAM SERVICE EXPENSES 8,232.	Name of the organization	Employer identification number
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MANAGEMENT AND GENERAL EXPENSES TOTAL EXPENSES 60,138. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 635,373. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: LICENSE AND PERMITS: PROGRAM SERVICE EXPENSES 9,306. MANAGEMENT AND GENERAL EXPENSES 70. TOTAL EXPENSES 12,432. REFRESHMENT EXPENSES: PROGRAM SERVICE EXPENSES 8,232.	TOTAL EXPENSES	115,235.
MANAGEMENT AND GENERAL EXPENSES TOTAL EXPENSES 60,138. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 635,373. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: LICENSE AND PERMITS: PROGRAM SERVICE EXPENSES 9,306. MANAGEMENT AND GENERAL EXPENSES 70. TOTAL EXPENSES 12,432. REFRESHMENT EXPENSES: PROGRAM SERVICE EXPENSES 8,232.		
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FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: LICENSE AND PERMITS: PROGRAM SERVICE EXPENSES 9,306. MANAGEMENT AND GENERAL EXPENSES 3,126. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 12,432. REFRESHMENT EXPENSES: PROGRAM SERVICE EXPENSES 8,232.	TOTAL EXPENSES	60,138.
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TOTAL EXPENSES 12,432. REFRESHMENT EXPENSES: PROGRAM SERVICE EXPENSES 8,232.	MANAGEMENT AND GENERAL EXPENSES	3,126.
REFRESHMENT EXPENSES: PROGRAM SERVICE EXPENSES 8,232.	FUNDRAISING EXPENSES	0.
PROGRAM SERVICE EXPENSES 8,232.	TOTAL EXPENSES	12,432.
PROGRAM SERVICE EXPENSES 8,232.	REFRESHMENT EXPENSES:	
		8.232.

 8	,232.

FUNDRAISING EXPENSES

TOTAL EXPENSES

0.

Name of the organization BAPS CHARITIES, INC	Page 2 Employer identification number 26-1530694
MEDICAL SUPPLIES:	
PROGRAM SERVICE EXPENSES	6,132.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,132.
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	5,086.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,086.
	<u> </u>
AUDIO VIDEO EXPENSES:	
PROGRAM SERVICE EXPENSES	863.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	863.
TELEPHONE EXPNESE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	550.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	550.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	33,295.
FORM 990, PART IX, LINE 25	
THE ORGANIZATION HAS ADOPTED FINANCIAL ACCOUNTING STANDARDS	BOARD
ACCOUNTING STANDARDS UPDATE (ASU) 2016-14, "PRESENTATION OF	FINANCIAL

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

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OMB No 1545-0047

INC

BAPS CHARITIES

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 26-1530694

Part 1] Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33	ete if the organization answered "Yes" o	on Form 990, Part IV, line 33					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	ntrolling ty	l
BAPS MEDICAL SERVICES, LLC - 26-1530694 81 SUTTONS LANE PISCATAWAY, NJ 08854	MEDICAL SERVICES	DELAWARE	175,480.		38,446, BAPS CHARITIES	S, INC	1
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[Part II.] Identification of Related Tax-Exempt Organizations. Complete		if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	Part IV, line 34, becaus	se it had one or mov	e related tax-exem	pt	ı
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code Pu	(e) Public charity Status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	1 - 1
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For Paperwork Reduction Act Notice, see the Instructions for Form 990	ons for Form 990.				Schedule R (Form 990) 2018	orm 990) 201	∞

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26-1530694

Page 2

INC Schedule R (Form 990) 2018 BAPS CHARITIES Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part III

Percentage ownership 3 General or managing partner? Yes No 3 Code V.UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ å Disproportionale allocations? Ξ Yes Share of end-of-year assets **(**g Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) (e) (d) Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization (a)

ş Section 512(b)(13) controlled Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Yes Percentage ownership Ξ Share of end-of-year assets <u>(6</u> Share of total income Type of entity (C corp, S corp, or trust) (e) Direct controlling entity Legal domicile (state or foreign country) ១ Primary activity Name, address, and EIN of related organization

Part IV

832162 10-02-18

Schedule R (Form 990) 2018

Page 3

26-1530694

Schedule R (Form 990) 2018 BAPS CHARITIES, INC

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	ž
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rel	ated organizations listed i	n Parts II:IV2		建设金线
				A PARTY NAME OF TAXABLE PARTY NAME OF TAXABL	4
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1 a	
b Gift, grant, or capital contribution to related organization(s)				4	
c ciri, grant, or capital contribution from related organization(s)				9	_
d Loans or loan guarantees to or for related organization(s)				þ	,
a nanc or loan distantage hy related organization(s)				ţ	
				al	100
f Dividends from related organization(s)				=	
a Sale of assets to related organization(s)				- 5	
				7	
n Purchase of assets from related organization(s)				÷	
 Exchange of assets with related organization(s) 				1	
J Lease of facilities, equipment, or other assets to related organization(s)				=	
k lease of facilities equipment or other assets from related oxegoration(s)				1	
	•			٤	
 Performance of services or membership or fundraising solicitations for related organization(s) 	ınızatıon(s)			=	
 Performance of services or membership or fundraising solicitations by related organization(s) 	nization(s)			Ę	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			Ę	
o Sharing of paid employees with related organization(s)				ç	
				2	1
					70.7
p Heimbursement paid to related organization(s) for expenses				10	
 Reimbursement paid by related organization(s) for expenses 				19	
r Other transfer of cash or property to related organization(s)				1 .	
s_Other transfer of cash or property from related organization(s)				1s	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	s line, including covered r	elationships and transaction thresholds		
1	וויים וויים		ממוטוים שום וושוים שום השונים שונים ביות מחוקים		
(a) Name of related organization	(b) Transaction type (a s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1)					
(3)					
(4)					
(5)					
(9)					
832 163 10-02-18	ļ		Schedule	Schedule R (Form 990) 2018) 2018

Schedule R (Form 990) 2018 BAPS CHARITIES,

Part VI: Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(c) (d) (f) (g) (h) (l)	Committed Comm				
(related, unrelated, 501(c)(3)	excluded from tax under sections 512-514) Yes No				
(b) (c)	Frimary activity Legal domis (state or fore country)				•
(a)	Name, address, and EIN of entity				

Schedule	R (Form 990) 2018	BAPS	CHARITI	ES,_	INC			26-1530694	Page 5
Part VI	R (Form 990) 2018 Supplemental Info	rmation.							
•	Provide additional inform			stions o	n Schedule R. Si	ee instruction	s		
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