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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ection 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation

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

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

Open to Public

inte	mai Reven	ue Service	Go to www.irs.gov/rormsso for illistractions and the latest illic			
<u>A_</u>	For the	2018 cale	endar year, or tax year beginning January 1 , 2018, and ending	Decen	<u> 16er 31</u>	, 20 18
В	Check If	applicable	C Name of organization Nishkam Sikh Welfare Organization USA Inc.		D Employ	er identification number
	Address	change	Doing business as			27-0722961
	Name ch	nange	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telepho	ne number
	Initial ret	turn	18 Wieuca Trace			404-303-7011
	Final retur	m/terminated	City or town, state or province, country, and ZIP or foreign postal code			
ī	Amende		Atlanta GA 30342		<b>G</b> Gross re	eceipts \$
ī		on pending		H(a) is this a or	ouo return for	subordinates? Yes No
_	, фр.,од.,	ion ponding				s included? Yes No
$\overline{}$	Tay-ayar	mpt status	√ 501(c)(3)			a list (see instructions)
늘	Website			H(c) Group	exemption	number >
K		organization		rito) Group	<del></del>	of legal domicile
_	art I	Summ			1 W Oldio	or logar dornlond
						<del></del>
ø)	_	-	escribe the organization's mission or most significant activities:			
Governance			of educational materials, food, social welfare needs to poor families in India.			ordinated by our local
Ē			d affiliates in India. Approximately 500 families, children and women benefit fro			
o ve	1		ns box ► if the organization discontinued its operations or disposed of m	iore than	1 1	its het assets.
Ğ	1		of voting members of the governing body (Part VI, line 1a)	• •	3	
S.			of independent voting members of the governing body (Part VI, line 1b)		4	
ìţi			mber of individuals employed in calendar year 2018 (Part V, line 2a)		5_	<u>'</u>
Activities &	1		mber of volunteers (estimate if necessary)		6	
ď	1		related business revenue from Part VIII, column (C), line 12		7a	
			lated business taxable income from Form 990-T, line 38	<u> </u>	7b	
			tions and grants (Part VIII, line 1h) RECEIVED	Prior Ye	ar	Current Year
ō	8	Contribut	tions and grants (Part VIII, line 1h)		326025	340185
Ę.		rioulain	SELVICE LEVELIDE LEGIT VIII. IIIIIE ACR			
Revenue	10	Investme	ent income (Part VIII, column (2), lines (3) 4, end 70) 19			
Œ	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 14e)			
	12	Total reve	enue – add lines 8 through 11 (must equal Part XIII, do) umn (A), line 12)		326025	340185
	13	Grants ar	nd similar amounts paid (Part IX, column 74), Jines 1-3)		200000	300000
	14	Benefits (	paid to or for members (Part IX, column (A), line 4)		-	
ý	15	Salaries, o	other compensation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses	16a	Professio	onal fundraising fees (Part IX, column (A), line 11e)			
ě	1		draising expenses (Part IX, column (D), line 25) ▶			
ū			penses (Part IX, column (A), lines 11a-11d, 11f-24e)		12030	6915
			penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		212030	306915
			less expenses. Subtract line 18 from line 12		113995	33270
- S				nning of Cur		End of Year
ets or lances	20	Total ass	ets (Part X, line 16)		160020	202100
Net Asse Fund Bak	21		olities (Part X, line 26)		169929	203199
E'E	22		ts or fund balances. Subtract line 21 from line 20		160020	202400
	art II		ture Block		169929	203199
			ry, I declare that I have examined this return, including accompanying schedules and statement		o bost of a	are because and balled at a
tru	e, correct,	, and comple	lete Declaration of preparer (other than officer) is based on all information of which preparer has	any knowle	dge	ly knowledge and belief, it is
		À		$\overline{}$	05/0	1/19
Sig	ın	Signa	ature of officer	l Date		1/13
He			urpreet Kaur Pental (Treasurer)			
•			or print name and title			
			pe preparer's name Preparer's signature Date		<del>_</del>	PTIN
Pa		≉	,		Check L self-emp	<b>.</b>
	eparei			— <del>—</del>	·	
Us	e Only		<del></del>		s EIN ▶	<del></del>
N/~:	, tha ID		ddress >	Phon	e no	
	the IR		s this return with the preparer shown above? (see instructions)	<u>· · · </u>	<u> </u>	Yes No
ror	Paperw		ction Act Notice, see the separate instructions. Cat No 11	282Y		Form <b>990</b> (2018)

GZ8

Form 9	90 (2018)	Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
<del>1</del>	Briefly describe the organization's mission:	
•	Provision of educational materials, food, social welfare needs to poor families in India. This program is coordinated by our loc	al
	office and affiliates in India. Approximately 500 families, children and women benefit from this program.	
	Unice and anniaces in India. Approximately 300 families, clinuter and women benefit from this program.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	<b>☑</b> No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☑ No
	If "Yes," describe these changes on Schedulc O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code. ) (Expenses \$ 306915 including grants of \$ 340185) (Revenue \$ Public Welfare	)
		·•••••
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$	)
		·
	**************************************	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
	***************************************	•
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶	

orm	990	(201	8)

ASO F

Part	Checklist of Required Schedules		-	
`			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		<b>/</b>
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	5		1
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	6		1
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	7_		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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	9_		1
10	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 $V$	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
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	11b		1
С	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	11c		1
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	11d		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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	12b		1
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		<b>V</b>
J	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	14b		1
15	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	15	<b>√</b>	
16	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.	16		1
17	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 (see instructions)	17		<b>√</b>
18	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	18		✓
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	19		<b>√</b>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓
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	21		✓

Part	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 2? If "Yes," complete Schedule I, Parts I and III	22		✓
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		✓
24a	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		✓
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		<b>√</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	L	✓
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		✓
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 Schedule L, Part I	25b		✓
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		✓
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		<b>~</b>
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		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		✓
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		<b>√</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
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		✓
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19° <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	✓	
Part	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			
	Officer if Schedule O contains a response of flote 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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
·	reportable gaming (gambling) winnings to prize winners?	1c		<b>√</b>
			990	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
•		Ties manufacture	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			\$1000p.
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	4804 0400W	<b>√</b>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			= 4,0
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			,
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Juden Set	/ /
b	If "Yes," enter the name of the foreign country: ▶			V
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
_	-Was-the-organization-a-party-to-a-prohibited-tax shelter-transaction-at-any-time during the-tax-year?	. 5a 5b		.√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
_	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Oa		_
b	qifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		No.	10.00
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		des di	
а	and services provided to the payor?	7a	in the same of	√
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		. 🗸
d	If "Yes," indicate the number of Forms 8282 filed during the year		MICH SEP	100
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		:✔
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		✓_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	r'hanimalaine	S Paper inter
9	Sponsoring organizations maintaining donor advised funds.	1000		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	<b>✓</b>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	na de la composición	✓ Mariaca
10	Section 501(c)(7) organizations. Enter:	-		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b			1	
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			7,1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	515, <b>8</b> 2	100	in the
b	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			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	Tarii a a a a a a a a a a a a a a a a a a	(3) (3) (4) (4) (4) (4) (4) (4)
	If "Yes," see instructions and file Form 4720, Schedule N.	40		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	STATISTICS OF THE	40000-17500
	If "Yes," complete Form 4720, Schedule O.			

Part ·	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in:	struct	
Sect	ion A. Governing Body and Management			
	ı	Customa in	Yes	No
1a		- HAND		
	If there are material differences in voting rights among members of the governing body, or	. 1554 1575 1575 1575		
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second	2
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
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		✓
<b>- 3</b>	TOID the organization delegate control over management duties customarily performed by or under the direct		a =	
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	ļ	<b>/</b>
6	Did the organization have members or stockholders?	6		<b>/</b>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		١,
	stockholders, or persons other than the governing body?	7b	ufffmhaaleida	<b>√</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	90	1	7 7 7 5
a b	The governing body?	8a 8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		,	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<b>/</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<b>\</b>	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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	<b>√</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13	✓	<u></u>
14	Did the organization have a written document retention and destruction policy?	14	<b>√</b>	LOLICE LO
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?	神神		
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	<b>√</b>	10 POPTES
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	1811his 121dur	the companies
b	If "Yco," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
04	organization's exempt status with respect to such arrangements?	16b		<b>✓</b>
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed   GA  Gastan 6104 as 1004 of analysis by 500 and 600			04/-1
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  Upon request  Other (explain in Schedule O)	•		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	terest <sub>l</sub>	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Gurcharan Singh 18 Wieuca Trace, Atlanta GA 30342 404-303-7011	cords	<b>•</b>	

_			-
P	30	A	- 4

Form	aan	(201	A,
rorm	990	1201	0

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
•	Independent Contractors

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.

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	ensa	ited any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, of lndividua	unles	Pos neck ss pe	rson	e than both tor/trus Highest compensated	h an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Gurcharan Singh (President)	10					-				
(2) Gurpreet Kaur Pental (Treasurer)	4							0		0
(3) Parvinder Singh (Secretary)	4				_					0
(4) Sarabjeet Kaur (Board Member)	4							0		0
(5) Tarun Deep Kataria (Board Member)	4							0		0
(6) Hardeep Singh (Board Member)	4							0	0	0
(7)						_				
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	ees	, ar	nd H	lighe	st C	ompensated E	mployees (cont	inued)
(A) Name and title		(B) Average hours per week (list any	(B)  (B)  Average bours per (bours per (bour					an ee)	(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)											
(16)											
(17)											
(18)											•
(19)											
(20)					-						
(21)											
(22)											
(23)											
(24)											
(25)											
1b c d	Sub-total	VII, Sectio						<b>&gt; &gt; &gt;</b>			
2	Total number of individuals (including but reportable compensation from the organi	not limited	to th	ose	list	ed :	above	e) w	ho received m	ore than \$100,0	000 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5							emp	oloyee, or high	est compensa	Yes No. ted 3 ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of repartments	portat an \$1	ole ( 50,	com 000	npei 1? <i>I</i> i	nsatio	n a s,"	nd other comp complete Sch	pensation from redule J for su	the uch
5	Did any person listed on line 1a receive of for services rendered to the organization										
Section	on B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization. Repyear.										
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compensation
							-				
						_					
2	Total number of independent contractor							th	ose listed abo	ove) who	

P	art VIII	rt VIII Statement of Revenue						
		Check if Schedule O contains a re	o any	line in this	Part VIII	<u></u> .	🗆	
					(A) al revenue	(B) Related or	(C) Unrelated	(D) Revenue
						exempt function revenue	business revenue	excluded from tax under sections 512-514
ts.	្ស   1a	Federated campaigns 1a	340185					
Gifts, Grants	Other Similar Amounts					files advocation		
s, O	Ě o	Fundraising events 10	; · · ·					
£.	<u>ia</u>   c	Related organizations 1c						
	<u>Ē</u>   e							
∙.ēౖ-	<u>v</u> f	- All other contributions, gifts, grants,						
疸	/ 중	and similar amounts not included above 11						
Contributions,	2	Noncash contributions included in lines-1a-1f.			4			
		Total. Add lines 1a-1t	Business Code		340185			
Program Service Revenue		•	Dusiness Code	100000000000000000000000000000000000000	<u> </u>			
ã	·   -	······		t	<del> </del>			
<u>و</u>	}   6				1			<del>                                     </del>
Ş	0	I						
Ę	e	)						
200	f	All other program service revenue.			<u> </u>			
_ <u>a</u>	<u> </u>			<u> </u>				
	3	Investment income (including divi	dends, interest,					
		and other similar amounts)						
	5	Income from investment of tax-exempt	oona proceeas	$\vdash$	<u> </u>			····
	3	Royalties	(ii) Personal			Terrania de la composición de la compo		
	6a		(7)					
	b		<del>                                     </del>			Carrier and		
	c d							
		<del></del>			nor abin the nine and city	TO THE THE THE THE THE THE THE	III at tourishing the tourish the	
7	7a	Gross amount from sales of (i) Securities	(ii) Other					
		assets other than inventory						
	b							
		and sales expenses						
	0		1					<b>以特种证明多了联系统</b>
	d	Net gain or (loss)	· · · · •	2000		Personal designation of the property of the personal designation of the personal desig	dependentiere verre beverdigischen	
9	8a	Gross income from fundraising						
e G		events (not including \$						
ĝ		of contributions reported on line 1c).	,			i produce de la compactica de la compact	ing great to get	
er		0 D - + N/ b 40	a					
Other Rever	b	Less: direct expenses	b					
•	C	, , , , , , , , , , , , , , , , , , ,	events . ►					
	9a		-					
	-		a					
	b		P					
	100	( )	tivities . >	Windows (1)	CONSTRUCTION CONTROL	Piranta desperadanta inimi antagono		AMTYARISI Direction should market be a
	IUa	Gross sales of inventory, less returns and allowances		40.4				C. Manager Co. C. Company
	Ь		<u></u>					
	. c	- · · · · · · · · · · · · · · · · · · ·	·	STATE OF THE PARTY	2010111100919991175	III SANIAN NA SANIAN		
	<u> </u>	Miscellaneous Revenue	Business Code	NAME:				
	11a			mon.,140083	on the state of th	Construction Starts High grant Hills	incoming recommission mentioners in the little	THE PERSON OF THE PROPERTY OF THE PERSON OF
	b							
	С			1				
	√ d	All other revenue		1				
	е							
	12	Total revenue See instructions		. 1	, 1			

Part IX S	Statement of	<b>Functional</b>	Expenses
-----------	--------------	-------------------	----------

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							
	t include amounts reported on lines 6b, 7b, , 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 and domestic governments. See Part IV, line 21.	,	**				
2	Grants and other assistance to domestic individuals. See Part IV, line 22		,				
3.	Grants and other assistance to foreign- organizations, foreign governments, and foreign		*** .				
4 '	individuals. See Part IV, lines 15 and 16	300000	300000				
5	Compensation of current officers, directors, trustees, and key employees	•					
<u>,</u> 6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	, '			; -		
7 8 ·	Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		٠ ٠.				
9 - 10	Other employee benefits	•		;	·		
11 • a	Fees for services (non-employees).  Management	- · · · ·			* *		
b	Legal						
d	Accounting	,		Control Contro			
√e f	Professional fundraising services. See Part IV, line 17.  Investment management fees						
, g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	, m <sup>2</sup> , t		z ·	*\!		
12 ` 13	Advertising and promotion		•	,,	•		
14 .	Information technology	• `					
15 16	Royalties	,					
17 18	Travel	* .					
19	for any federal, state, or local public officials Conferences, conventions, and meetings	* ·	•	•	•		
20 21	Interest		_				
22 23	Depreciation, depletion, and amortization .		-		,		
24	Insurance						
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
a ·	Bank Fees Etc.	254	254				
b	Misc for fund raising	6661	. 6661				
d							
	All other expenses	<u> </u>	· :				
25 26,	Joint costs. Complete this line only if the	1 306915	306915	•			
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here						

P	art X	Balance Sheet -	•		
-		Check if Schedule O contains a response or note to any line in this Pa	art X		
	4		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	169929	1	203199
	<b>' 2</b>	Savings and temporary cash investments		2	· ·
	3	Pledges and grants receivable, net		3	<u> </u>
	4	Accounts receivable, net		4	
	´ 5 ˙	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			and the second s
<u>,                                     </u>		Complete Part II of Schedule Landers Towns		-5-	
·	6	Loans and other receivables from other disqualified persons (as defined under section	er til det manager		
		4958(t)(1)), persons described in section 4958(c)(3)(B), and contributing employers and a			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
sts		organizations (see instructions). Complete Part II of Schedule L,		6_	
Assets	7	Notes and loans receivable, net		7	• • •
V	8	Inventories for sale or use	, ,	8	,
	9 ,	Prepaid expenses and deferred charges	and the state of t	9 -	Transmit Williamski Bladistini Samin Wilde Jamin
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
•	b	Less: accumulated depreciation		10c	*
	,11	Investments—publicly traded securities		11 12	
•	12	Investments—other securities. See Part IV, line 11		13	
	13	Investments—program-related. See Part IV, line 11		14	
	14 15	Intangible assets		15	•
	16	Total assets. Add lines 1 through 15 (must equal line 34)	169929	16	
_	17	Accounts payable and accrued expenses	103323	17	. 203733
	18	Grants payable		18	
	19	Deferred revenue		19	' <u>-</u>
	20 .	Tax-exempt bond liabilities		20	, ,
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest componsated employees, and			
abi		disqualified persons. Complete Part II of Schedule L	•	22	•
ij	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	ı
	25	Other liabilities (including federal income tax, payables to related third	,		
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
<u>-</u>	26	Total liabilities. Add lines 17 through 25	ON VATURELA BELLES DE VARAS DES SERVICIOS DE LA SE	26	
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
Jan	27	Unrestricted net assets		27	•
Ba	28	Temporarily restricted net assets	169929	28_	. 203199
þΓ	29	Permanently restricted net assets	-	29	
Net Assets or Fund Balances	-	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ş	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	-
Ę	32	Retained earnings, endowment, accumulated income, or other funds .	, ,	32	•
Ž	33	Total net assets or fund balances	169929	33	203199
	34	Total liabilities and net assets/fund balances	169929	34	203199
			•		Form <b>990</b> (2018)

Form 9	90 (2018)			F	age <b>12</b>
Par	Reconciliation of Net Assets				
•	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			340185
2	Total expenses (must equal Part IX, column (A), line 25)	2			306915
3	Revenue less expenses. Subtract line 2 from line 1	3			33270
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		-	169929
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line -33, column (B))	_10_			203199
	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	Yes	 No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," expected to the control of	olaın	_ in		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	<b>√</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis	oled (	or		
b	Were the organization's financial statements audited by an independent accountant?		. [	2b	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	d on	а	ij Ž	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov of the audit, review, or compilation of its financial statements and selection of an independent account	_		2c	4 505 KAREED
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	olaın	in		

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

Form **990** (2018)

#### 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

Open to Public Inspection

Employer identification number Name of the organization 27-0722961 Nishkam Sikh Welfare Organization USA Inc Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s) (vi) Amount of (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetan (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

**Total** 

•	o	•	~	_	2
	7	a	q	e	_

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	170(b)(1)(A)(vi	i) - Liza and an
•	(Complete only if you checked the	he box on line	∋ 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	ality under
Casti	Part III. If the organization fails to	o quality unde	er the tests is	stea below, p	lease comple	ete Part III.)	
	on A. Public Support dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	-(c) 2016	(d) 2017	(e) 20,18	(f) Total
1.	Gifts, grants, contributions, and	(a) 2014		.(0) 2010	(4) 2017	(6) 20,10	(1) 1014
١,	membership fees received. (Do not	_			٠.	/	
•	include any "unusual grants.")	-		1		/	
ź	Tax revenues levied for the						
_	organization's benefit and either paid			1			• ,
'	to or expended on its behalf				<u> </u>	*	
3	The value of services or facilities						•
	-furnished-by-a-governmental-unit-to-the-				/	l <del></del>	
	organization without charge			l ,			
4	Total. Add lines 1 through 3		1	. /			,
5	The portion of total contributions by			362.7/35			
٠,	each person, (other than a						, ,
	governmental unit or publicly	17504 High		/			
	supported organization) included on	a de la compania	a language		er er	7	_
' -	line 1 that exceeds 2% of the amount	Company of Texas	Aug.		Part of the second	entre de la companie	
	shown on line 11, column (f):		21.00 - 2.00		TO CALL STREET		
6	Public support. Subtract line 5 from line 4				10 m		
	on B. Total Support	(*) 0044	1 10 0015	, /-> 0010	· (-I) 0017	(-) 0010	/f) Total
_	idar year (or fiscal year beginning in)	(a) 2014	( <b>b</b> ) 2015 . ·	(c) 2016	(d) 2017.	(e) 2018	(f) Total
7	Amounts from line 4		( )				
_ 8	Gross income from interest, dividends, payments received on securities loans,	·/	ļ	1 .		·	٠ ا
	rents, royalties, and income from		· . ·		i.		,
•	similar sources	./	,	•	٠		
9 .	Net income from unrelated business	/					
_	· activities, whether or not the business	/	;		٠,		ě,
	is regularly carried on,		\			1.1.1	li -
.10	· Other income. Do not include gain or		. 3		_		र्गुत <b>म</b> ्
•	loss from the sale of capital assets	,	,		1	] '	7
	(Explain in Part VI.) ,			<sup>*</sup> ,	,	4	•
. 11'	Total support. Add lines 7 through 10				SCALE AND SE		
	Gross receipts from related activities, etc					12	,
	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he		<u> </u>		1	· · · · ·	<u> </u>
	on C. Computation of Public Suppor			11 askuma (f)	<u> </u>	14	
14 15	Public support percentage for 2018 (line Public support percentage from 2017 Sci				• • • '	15	- %
.16a	331/3% support test—/2018. If the organ				nd line 14 is 3		
,.ou	box and <b>stop here.</b> The organization qua						▶ □
Ь	331/3% support test - 2017. If the organi				a, and line 15	ıs 331/3% or m	ore, check
, -	this box and stop here. The organization						▶ 🖸
17a	10%-facts-and-circumstances test -2	<b>018.</b> If the ora:	anization did r	ot check a bo	x on line 13, 1	6a, or 16b, and	d line 14 is
•	10% or. more, and if the organization me						
.* _	Part VI how the organization meets the						
• (	organization			:			🕨 🔲
b	10%-facts-and-circumstances test-2						
1	15 is 10% or more, and if the organization	ation meets th	e "facts-and-o	circumstances'	' test, check	this box and s	stop here.
	Explain in Part VI how the organization r	neets the "fac	ts-and-circum	stances" test	The organizati	on qualifies as	a publicly
٠,	supported organization						▶ `∐
18	Private foundation. If the organization di						see , ,
	instructions		· ·. · · ·				

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

0 4	ir the organization rails to quality	under the tes	sis listed beit	w, please co	impiete Fart i	1.)	<del></del>
	on A. Public Support					4 3 9 5 4 9	
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	291134	221085	295497	326025	340185	1473926
_	sold or services performed, or facilities	!					
	furnished in any activity that is related to the	1					
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		-	-			-
	unrelated trade or business under section 513						
4	Tax revenues levied for the				<del></del>		<del></del>
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5	291134	221085	295497	326025	_340185	1473926
7a	Amounts included on lines 1, 2, and 3						l
	received from disqualified persons .	·					
b	Amounts included on lines 2 and 3	] ]					1
	received from other than disqualified						1
	persons that exceed the greater of \$5,000						1
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b	POTENTA ZA LA DE SA RELEGIO	Les Complete Schill Chaffing	and have an included a second	A CONTRACTOR OF THE PARTY OF TH	and the second s	
8	Public support. (Subtract line 7c from						
Casti	line 6)						
	on B. Total Support	(-) 0014	(L) 2015	(-) 0016	(d) 0017	(0) 2010	/6 Tetal
9	dar year (or fiscal year beginning in)  Amounts from line 6	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
10a	Gross income from interest, dividends.	291134	221085	295497	326025	340185	1473926
····	payments received on securities loans, rents,			i			
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						<del></del>
	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		}		1	1	
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	291134	221085	295497	326025	340185	1473926
14	First five years. If the Form 990 is for the	ne organization	's first, second	d, third, fourth,	, or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop he			<u> </u>	<u> </u>		<u> ▶ □</u>
	on C. Computation of Public Suppor			·		· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2018 (line 8					15	100 %
16	Public support percentage from 2017 Sch			<u></u>	<del></del>	16	
	on D. Computation of Investment In		_	<del></del>		T 4= T	
17	Investment income percentage for 2018 (	-	• • •	•		17	0 %
18	Investment income percentage from 2017					18	<u>%</u>
19a	331/3% support tests—2018. If the organ						
	17 is not more than 33½%, check this box		_		-	-	_
b	331/3% support tests—2017. If the organiz						
00	line 18 is not more than 331/3%, check this t	•	_	•	•	-	
20	Private foundation. If the organization di	u not check a b	oox on line 14,	19a, or 19b, c	neck this box a	and see instruc	tions 🕨 🔲

#### **Supporting Organizations** Part IV

(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

- 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 b class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supporter 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.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how th organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "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 foreig supported organization? If "Yes," describe in Part VI how the organization had such control and discretio despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determinatio under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(E 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 Eli 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 actio 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 alread 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) t anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 entit with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 mor disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in whic the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benef 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 integrate 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
ng			
οy			
•	1	ST. Jean C.	
10	/ <b>* A</b>		44
12			
ed			
	2		40-0-14
er			<u>-</u>
	3a		
nd			
ne			
	3b	2700000	<i>F. A.</i> F.
B)			348892
D)			
	3c	5250WGS	: %:-::::::: d
lf		35.0	
	4a		
gn	4		
on .		7. 10.	
	4b	2000	2200000.70
	120000	410	16.00
on			
ed	7		
B)			
	1 4c	1	
,"			2
N			
n;			
on			
		151	
٠	5a	CHARLES SEA	AND TORKS
yt		7970	
	5b		
	5c		
to			(A)
d			
or			
	6		
or			7.00
ty			
Ly			
70	7 3.404886./	record.	akasa 1
?			
	8	at honore river	Salarani e e
re			
ed			
	9a		
ch			100
	9b		344-24-0
fıt			574-254
	9c	wiegicae	38388-34
on			
ed			
	10a		
to			
	10b		
, 1777		990-F7	2) 2018
	Uí		., 2010

Part	V Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			A. Said
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	李琳拉	深心	<b>107</b>
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	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.	116		
Secu	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	<b>第解</b> 核	entri)	173
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			2.7
	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 tax year.			150
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1	rebengalist	is American
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		
Saati	on C. Type II Supporting Organizations			L
Secu	on C. Type it Supporting Organizations	- 1	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	A CONTRACTOR OF THE PARTY OF TH		供加
	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			14
	the supported organization(s).	1		
<u>Secti</u>	on D. All Type III Supporting Organizations			
		anatimional	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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		2353744
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			<b>POT</b>
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	E-MINISTER M	The Carrier
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations	in odani	-ti	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see I The organization satisfied the Activities Test. Complete line 2 below.	nsu u	Juon	<b>3</b> /.
a b	The organization satisfied the Activities rest. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ins	truct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			少一次明 智慧開
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	機能		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	Take the second		
	how the organization was responsive to those supported organizations, and how the organization determined	13.700		72.5
_	that these activities constituted substantially all of its activities	2a	diinapani.	into Antonia
Ь	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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		2223
3	Parent of Supported Organizations. Answer (a) and (b) below.	<b>建</b>		
о a	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? <i>Provide details in Part VI.</i>	3a	mannati Cibi	nan remany
ь	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	an	izations	
† Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (explan	n in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Section	
Section 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	•	
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 collection of gross income or for management, conservation, or			Tr
maintenance of-property-held-for-production-of-income-(see-instructions)	-6-		<u></u>
7 Other expenses (see instructions)	7	•	· · · · · ·
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section 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	•	
c Fair market value of other non-exempt-use assets	1c		•
d Total (add lines 1a, 1b, and 1c)	1d	n 1	
e 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	è	
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		1
Section C—Distributable Amount	,		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	TO DESCRIPTION OF THE PARTY OF	, ,
2 Enter 85% of line 1.	2		-
3 Minimum asset amount for prior year (from Section B; line 8, Column A)	3.	THE PERSON NAMED IN COLUMN	•
4 Enter greater of line 2 or line 3.	4	eder in the property of	•
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		<u> </u>
7 Check here if the current year is the organization's first as a non-functionall instructions).	y in	tegrated Type III supporting	organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	zations (continued)			
Secti	Section D-Distributions					
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)			·		
6	Other distributions (describe in Part VI). See instructions.	<u> </u>				
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2018 from Section C, line 6					
10	Line 8 amount divided by line 9 amount	<u> </u>	/::\	/:::\		
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6			The second secon		
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions			alan sekili kunin medicing Parten dan pen Metangganan dan pakem		
3	Excess distributions carryover, if any, to 2018					
а	From 2013	miran, and a second				
b	From 2014					
С	From 2015	AND ALLEYS OF THE PARTY.		ARREST LANGUE AND A STATE OF THE STATE OF TH		
d	From 2016					
e	From 2017					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2018 distributable amount					
i	Carryover from 2013 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2018 from					
	Section D, line 7:					
a	Applied to underdistributions of prior years		The second second and the second			
b	Applied to 2018 distributable amount			Section Control of the Construction of the Con		
С	Remainder. Subtract lines 4a and 4b from 4.	Sandara de Sandara, de la composição de la capacida				
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.		•	mengani sa		
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.					
7	Excess distributions carryover to 2019. Add lines 3 <sub>j</sub> and 4c.					
8	Breakdown of line 7:		NEW ARRIVATION TO THE TANK THE PROPERTY OF THE			
a	Excess from 2014	CALL CHI WAS IN THE SECOND TO SECOND SHOWING				
b	Excess from 2015					
С	Excess from 2016					
d	Excess from 2017					
е	Excess from 2018					

Page	٤ :

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		
•			
•			
***************************************			

### 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.

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Name of the organization

Nishkam Sikh Welfare Organization USA Inc

Employer identification number 27-0722961

Par	Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.					
1	For grantmakers. Does the other assistance, the grante award the grants or assistant	es' eligibility	for the gran	cords to substantiate the atts or assistance, and the	amount of its grants and selection criteria used to	☐ Yes . ☐ No
2	For grantmakers. Describe outside the United States	in Part V the	e organization	's procedures for monitorin	ng*the*use*of its grants*and	d other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)			NATIONAL CONTRACTOR	2000年,大学中国自己的	,

Sched	iule F (Form 990) 201								Page 2
Pa	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)
			East Asia & Pacific		300000			NA	
				· · · · · · · · · · · · · · · · · · ·					
									ļ
		7							-
								,	
									_
									,
	gan e	200							
		7.00	<u></u>						

2	Enter total number of recipient organizations liste	d above that are reco	ognized as charitie	s by the foreign coun	try, recognized as tax-exemp	t	
	by the IRS, or for which the grantee or counsel ha	as provided a section	501(c)(3) equivale	ncy letter	•	<b>&gt;</b>	
3	Enter total number of other organizations or entit	ies				•	

Schedule F (Form 990) 2018

(16) (17) (18)

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 Part III (h) Method of valuation (book, FMV, appraisal, other) (e) Manner of cash disbursement (f) Amount of noncash assistance (g) Description of noncash assistance (a) Type of grant or assistance (b) Region (d) Amount of cash grant (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15)

Page	, 4

art	V	Foreign Forms		
1	the c	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	☐ Yes	✓ No
2	be re Rece	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may equired to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and eight of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	✓ No
3	the c	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To aim Foreign Corporations (see Instructions for Form 5471)	Yes	✓ No
4	qual Infor	the organization a direct or indirect shareholder of a passive foreign investment company or a lifed electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing (see Instructions for Form 8621)	☐ Yes	✓ No
5	the e	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain ign Partnerships (see Instructions for Form 8865)	☐ Yes	√ No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If it," the organization may be required to separately file Form 5713, International Boycott Report (see uctions for Form 5713; don't file with Form 990)	☐ Yes	✓ No

Part V	Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional
	information. See instructions.
	*
	······
	***************************************

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

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
Nishkam Sikh Welfare Organization USA Inc	27-0722961
1 Form 990 governing body review (Part VI, line 11)	
The governing body has reviewed and signed off on Form 990	
2 Conflict of interest policy compliance (Part VI, line 12c)	
The governing body ensures regular and continuous compliance on 'Conflict of Interest Policy'	
3 CEO, executive director, top management comp (Part VI, line 15a)	
No compensation is paid to the CEO, executive director or any other person by the organization	
4. Other officer or key employee compensation (Part VI, line 15b)	
No compensation is paid to any officer or key employee by the organization	
5 Governing documents etc available to public (Part VI, line 19)	
The governing body documents are available to the general public via the organization's website	<u></u>
	······································
	······································
`	

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization	Employer identification number
<u> </u>	
	,
	••••