# SCANNED MAR 2 5 2019

Form **990** 

Internal Revenue Service

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

Α					8, and endir	ng	, 20
В	Check	ıf applı	cable	C Name of organization BHARAT SEVASHRAM SANGHA OF	NO	D Employer	identification number
Ш	Addres	ss chan	ige	Doing business as		36-	-3867090
Ш	Name c	change		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	e number
Ш	nitial ri	eturn		522 GARFIELD AVENUE		(63	30) 301-6
$\Box$	Final re	eturn/		City or town, state or province, country, and ZIP or foreign postal code	•	G Gross	
_ '	ermina	ated		AURORA IL 60506-2020		receipts \$	
$\prod_{i}$	Amend	led retu	ırn	F Name and address of principal officer	<b>H(a)</b> Isthisa	group return for :	subordinates? Yes X No
$\coprod$	Applica	ation pe	ending	·	<b>H(b)</b> Are all si	ubordinates inclu	ded? Yes No
			t status	X 501(c)(3)   501(c)( ) ∢(insert no )   4947(a)(1) or   1527	If "No	," attach a list (s	ee instructions)
			N/A			xemption number	
	_	_			of formation	1992 M	State of legal domicile IL
Р	art I		Summ				<del></del>
	1			cribe the organization's mission or most significant activities			
ā	BI			EVASHRAM SANGHA OF NA IS A SPIRITUAL	CULT	'URAL	
Activities & Governance	OF	RGA	NIZA	TION.			<u>-</u>
ā	<u> </u>			П.:	1		<del></del> _
ې	2			box   If the organization discontinued its operations or disposed of n	nore than 25	1	
o.	3			f voting members of the governing body (Part VI, line 1a)	とりへら	$\setminus$ 3	<del></del>
ş	4			f independent voting members of the governing body (Part VI, line 10)	٣ \\c	?\ 4	
	5			ber of individuals employed in calendar year 2018 (Part V, mpe 2a).  ber of volunteers (estimate if necessary)  lated business revenue from Part VIII, column (C), line 12  ted business taxable income from Form 990-T, line 38	1 8100		<del> </del>
٩	· 1			ber of volunteers (estimate if necessary)	5 60	\ <u>6</u>	
	- 1			lated business revenue from Part VIII, column (C), line 12	111	7a	
	-	D Ne	t unreia	ted business taxable income from Form 990-T, line 38		rior Year	<u>'</u>
	١.	Co	ntributio	one and grants (Part VIII line 1h)		71,22	Current Year 71, 304
Revenue	8			ons and grants (Part VIII, line 1h) ervice revenue (Part VIII, line 2g)	·	11,22	71,304
Ş	9		-	t income (Part VIII, column (A), lines 3, 4, and 7d)	` <del> </del>		<del></del>
å				enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	··	13,16	54
	11			nue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	·	84,38	
_	13			d similar amounts paid (Part IX, column (A), lines 1–3)	_	498,00	
	14			aid to or for members (Part IX, column (A), line 4)			
,,				ther compensation, employee benefits (Part IX, column (A), lines 5-10)			
Exnenses	16			al fundraising fees (Part IX, column (A), line 11e)	` <del>                                    </del>		
٥				raising expenses (Part IX, column (D), line 25)	_		
ŭ	17			enses (Part IX, column (A), lines 11a-11d, 11f-24e)		69,12	9 66,018
	18		•	nses Add lines 13-17 (must equal Part IX, column (A), line 25) · · ·		567,12	
	19			ess expenses Subtract line 18 from line 12	~	-482,74	
2	$\overline{}$				Beginni	ng of Current Yea	End of Year
ssets	ရွိ 20	) To	tal asset	ts (Part X, line 16)		1,813,97	
Αū	돌 21	i Tot	tal liabili	ties (Part X, line 26)		476,88	5 116,885
ş	8 <sub>22</sub>	2 Ne	t assets	or fund balances Subtract line 21 from line 20		1,337,09	1,342,376
Pa	irt II		Signat	ure Block			
				I declare that I have examined this return, including accompanying schedules and state			owledge and belief, it is
true,	correc	ct, and	complete	Declaration of preparer (other than officer) is based on all information of which prepa	rer has any kno	wledge	
			<u> </u>	ucheta Sadhukhein			1/17/2019
Sig	n		Sign	ature of officer		1	Date
He	re		<u>SU</u>	CHETA SADHUKHAN TREAS	URER		1/2019
			Туре	e or print name and title			
			Print/	Type preparer's name Preparer's signature Date		Check 📙	f PTIN
Pai			UPM				yed P01686670
	pare		$\vdash$	s name ► HRB TAX GROUP INC			31871840
US	e Or	ııy		saddress ► 107 DANADA SQUARE E		hone no	
				ATON IL 60189	(	<u>630) 653</u>	
				is return with the preparer shown above? (see instructions)		·	Yes No
				ction Act Notice, see the separate instructions.			Form <b>990</b> (2018)
FDA	11	8 99	O1 I	BWF 990 Form Software Convergible 1996 - 2019 HRB Tax Group, Inc.			Λ.Α

Form	990 (2018) BHARAT SEVASHRAM SANGHA OF 36-3867090	Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	- · / · · · · · · · · · · · · · · · · ·	
	BHARAT SEVASHRAM SANGHA OF NORTH AMERICA IS A YOGA, MEDITATION,	
	SPIRITUAL AND CULTURAL ORGANIZATION WHICH GIVES FREE SERVICES TO	
	ALL PEOPLE FOR THEIR PHYSICAL AND MENTAL BENEFIT TO GET GOOD	
	HEALTH, HAPPY AND PEACEFUL MIND AND MAINTAIN HARMONY IN THEIR LIF	E
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990–EZ?	⊠ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_
	services? Yes	⊠ 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 measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	SEE ATTACHMENT AND WITH SOCIETY. ORGA	
		<del></del>
4D	(Code) (Expenses \$ including grants of \$) (Revenue \$	<del></del> ,
•	·	
		<u> </u>
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	)
		_
4d	Other program services (Describe in Schedule O )	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
	Total program service expenses	
_ <u> </u>		



Part IV Checklist of Required Schedules

, ai	one of the date of		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	Х	İ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		Х
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	4		Х
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 N/A	5		
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		X
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	<u> </u>	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	l		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		X
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,"	1		
	complete Schedule D, Part VI	11a	<u>X</u>	-
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more	445		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
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		Х
A	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1	_	
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		X
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	<u> </u>	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		'	١
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	Х
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_	-	Х
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	_	Х
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?	19		Х
	If "Yes," complete Schedule G, Part III	$\vdash$		-
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? $N/A$	20b		<del> </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4		Х
FDA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  18 9903 BWF 990 Form Software Copyright 1996 – 2019 HRB Tax Group, Inc	21 Form	<b>990</b> (	
· UA	10 3300 DWF 330 FUNI SULLWAIS COPYINGIN 1330 - 4013 HILD TAX GROUP, INC	1 01111	L	-0101

Par	Checklist of Required Schedules (continued)		Τ	Г
	Did the assessment areas then \$5,000 of areata or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		X
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
240				<u> </u>
24a	\$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>h</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	24b		
b	Did the organization mest any proceeds of tax example bonds beyond a temporary period exception.  Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
С	to defease any tax-exempt bonds?	24c		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $N/A$	24d		
d 25a	The second secon			
23a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
U	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		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	26		Х
	disqualified persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		<u> </u>	- 21
27	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
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			<u> </u>
28				
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
b		28b		Х
_	Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
С	·	28c		Х
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	25		$\Lambda$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		Х
	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		Х
	Part I	31	<del></del>	$\stackrel{\wedge}{\vdash}$
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		Х
	complete Schedule N, Part II	32_	<del>                                     </del>	_^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<del>                                     </del>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		v
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .	35a		_^
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<b>-</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		v
	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	27		v
	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	20	X	ĺ
	19? Note. All Form 990 filers are required to complete Schedule O	38		
Pa	Statements Regarding Other IRS Filings and Tax Compliance			П
	Check if Schedule O contains a response or note to any line in this Part V	• •	   V	
4-	Fater the sumber reported in Pay 2 of Form 1006 Fater 0 of ant applicable	·—-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  [1b]  Did the assessment a possible with backura withholding rules for specific line assessment to wonders and	4		İ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		ļ	
	reportable gaming (gambling) winnings to prize winners?	1c	I	X

Form 990 (2018) BHARAT SEVASHRAM SANGHA OF 36-3867090

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			ļ	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar was ending with or within the year covered by this return.	L.	Yes	No
	Statements, med for the calendar year ending with or within the year covered by this return			<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . N/A	2b		l .
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u>:</u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . $N/A$ .	3a 3b		Х
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country	1		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		λ,	ļ : · } ,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	 5a	<del></del>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886–T? $N/A$	5c	-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible? N/A	6b		
7	Organizations that may receive deductible contributions under section 170(c).			,
а	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\dots$ $\mathbb{N} / \mathbb{A}$	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			13.
e	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		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<del></del>
٠.	sponsoring organization have excess business holdings at any time during the year?	. 8		X
9 .	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u></u>	X
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	X
10	Section 501(c)(7) organizations. Enter			2.5
. а	Initiation fees and capital contributions included on Part VIII, line 12 10a	ا';ر	,	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	2	.	
11	Section 501(c)(12) organizations. Enter	* `	٠,	1
а	Gross income from members or shareholders		٠ ا	
b	Gross income from other sources (Do not net amounts due or paid to other sources	.		• '
	against amounts due or received from them )		31	•
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Χ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 0			•
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		<u>X</u>
	Note. See the instructions for additional information the organization must report on Schedule O.	ļ		
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		,,,	
С	Enter the amount of reserves on hand	•		,
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
ь 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	.		v
	excess parachute payment(s) during the year?	15	, ,	<u>X</u>
16	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O	-,×	, 1	<u>^</u>
	19 000° - DWC000 - Family to a Company of the Compa	- 15"   Torms #	200 (	7 (04.0)

Page 6 BHARAT SEVASHRAM SANGHA OF 36-3867090 Form 990 (2018) Part VI 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 Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year ... 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 0 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 any other officer, director, trustee, or key employee? 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? 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 6 Did the organization have members or stockholders? 6 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 Χ Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? . . Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Χ 8a The governing body? 8b Χ Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at a Χ the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Χ 10a Did the organization have local chapters, branches, or affiliates? 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? N/A10h Χ 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give N/A 12b rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," N/A12c describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? ... 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official . X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Χ with a taxable entity during the year? If "Yes," 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 organization's exempt status with respect to such arrangements? N/A Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed   IL
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
	Own website Another's website Don request Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and
	financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

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

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

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 nor any related organization compensated any current officer, director, or trustee

(F) (E) (D) (A) (B) Position Reportable Estimated Name and Title Average Reportable (do not check more than one box, unless person is both an officer and a director/trustee) hours per compensation compensation amount of week from from related other Officer (list any Individual trustee or director Institutional trustee Key employee employee Highest compensat Former organizations the compensation hours for related organization (W-2/1099-MISC) from the organiza-(W-2/1099-MISC) organization tions and related below organizations dotted line) 0 0 0 SWAMI MUKUNANDA 40.00 VICE CHAIRMAN 0 0 0 SUCHETA SADHUKHAN 20.00 TREASURER RAMDASS PERSAUD 35.00 0 0 0 JOINT SECRETARY

Form 990 (2018)

Par	Section A. Officer	s, Director	s, Trust	ees, K	ey En	nploye	es, and	High	est Compensated E	mployees (continue	ed)
	(A) Name and title	(B) Average		box, ur	nless pe	tion more ti erson is	han one both an /trustee)	1	(D) Reportable	(E) Reportable	(F) Estimated amount of
		week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
<u> </u>											,
			-								
						ı		-			
_	•										
1b	Sub-total										
C	Total from continuation si Total (add lines 1b and 1c			ection	ı A	•	• •		<del></del>		
<u>d</u>	Total number of individuals		out not li	mited	to thos	e liste	d above	) who	received more than	\$100,000 of	<u></u>
_	reportable compensation fro							•			
3	Did the organization list any employee on line 1a? If "Ye		-				•	yee, o	r highest compensati	ed .	Yes No
4	For any individual listed on organization and related org	line 1a, is th	e sum o	of repo	rtable	comp	ensation		·		4 X
5	Did any person listed on line for services rendered to the	e 1a receive	or accr	ue con	npens	ation f	rom any	unrela	ated organization or i		5 X
Section	on B. Independent Contracto			30, 00	прис	20110		. 500.	ролови		71
1	Complete this table for your	five highes	t compe	nsated	ındep	ende	nt contra	ctors t	that received more th	an \$100,000 of	
	compensation from the orga	anization Re	eport co	mpens	sation	for the	calenda	r year	ending with or within	the organization's	tax year.
	Name an	(A) d business	address						(B)  Description of se	rvices	(C) Compensation
									· · · · · · · · · · · · · · · · · · ·		
		·		<u></u>							
2	Total number of independer received more than \$100,00			-				e listed	d above) who	3)	
FDA		orm Software				_		nc	<del></del>		Form <b>990</b> (2018)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt function revenue Unrelated Revenue excluded from tax Total revenue business under sections 512-514 revenue 1a Federated campaigns ... 1a **b** Membership dues 1b Gifts, ( ilar Am c Fundraising events 10 1d d Related organizations . . e Government grants (contributions) Contributions, and Other Simi 1e f All other contributions, gifts, grants, & 71,304 similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f \$ 71,304 h Total. Add lines 1a-1f ... **Business Code** Program Service Revenue All other program service revenue ... Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal (ı) Real 6a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other (i) Securities 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) ... d Net gain or (loss) 8a Gross income from fundraising events (not including \$ Other Revenue of contributions reported on line 1c) See Part IV, line 18 . . . . **b** Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 . . **b** Less direct expenses . c Net income or (loss) from gaming activities 10a 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** 11a b C d All other revenue Total. Add lines 11a-11d 71,304 Total revenue. See instructions

# Part IX Statement of Functional Expenses

	Charle of Sahadula O contains a response or note to			piete column (A)	———
	Check if Schedule O contains a response or note to	(A)	(B)	(C)	(D)
7b, 8	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРОПОСО	general expenses	САРСПОСО
•	and domestic governments. See Part IV, line 21				( · .
2	Grants and other assistance to domestic	-		•	
_	ındıvıduals. See Part IV, line 22 · · · · ·				1
3	Grants and other assistance to foreign organizations,				
•	foreign governments, and foreign individuals				
	See Part IV, lines 15 and 16 · · ·	360,000		•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Benefits paid to or for members				<u> </u>
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				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				·
8	Pension plan accruals and contributions (include	-			
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)		<u> </u>	·	
а	Management				
b	Legal	1,665	1,665		
c	Accounting	560	560		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17		1, 1, 1		
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O)	60	60		
12	Advertising and promotion				
13	Office expenses	12,737	12,737		
14	Information technology				
15	Royalties				
16	Occupancy	18,019	18,019		
17	Travel	2,636	2,636		
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	25,255	25,255		
23	Insurance ·	5,086	5,086		
24	Other expenses. Itemize expenses not covered	,	• •		
	above (List miscellaneous expenses in line 24e. If	•		•	` .
	line 24e amount exceeds 10% of line 25, column		,	. 1	,
	(A) amount, list line 24e expenses on Schedule O.)			,	•
а					<del> </del>
b					
С					
d	Allert				
e	All other expenses	426,018	66,018		
25	Total functional expenses. Add lines 1 through 24e	420,018	66,018		
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)				

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to an	y line in this Part X		-	
					(A)		(B)
					Beginning of year		End of year
	1	Cash non-interest-bearing			271,827	1	132,868
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	<u> </u>	3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and form	ner offic	ers, directors,	,	•	, . ;
		trustees, key employees, and highest compensate	d empl	oyees	ء <u>و برواند مورون مورون مورون مورون مورون مورون مورون مورون مورون مورون مورون مورون مورون مورون مورون مورون مورون</u>		<u> </u>
		Complete Part II of Schedule L · · · ·		,		5	
	6	Loans and other receivables from other disqualified person	s (as def	ined under section	•	٠,	, .
	ļ	4958 (f)(1)), persons described in section 4958(c)(3)(B), and c	ontribut	ng employers and			, <sub>1</sub> ,
		sponsoring organizations of section 501(c)(9) voluntary empl	oyees' b	eneficiary			
ets		organizations (see instructions) Complete Part II of Schedul	le L.			6	
Assets	7	Notes and loans receivable, net .			608,100	7	417,600
•	8	Inventories for sale or use		. [		8	
	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment cost or			, ,		
		other basis Complete Part VI of Schedule D	10a	1,200,000			
	b	Less accumulated depreciation	10b	291,207	934,048	10c	908,793
	11	Investments publicly traded securities .				11	
	12	Investments other securities. See Part IV, line 1	1	[		12	
	13	Investments program-related See Part IV, line	11	[		13	
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal l	ine 34)		1,813,975	16	1,459,261
	17	Accounts payable and accrued expenses .		17			
	18	Grants payable			476,885	18	116,885
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Par	t IV of S	Schedule D		21	
es	22	Loans and other payables to current and former of	ficers, d	directors,			· ·
Liabilities		trustees, key employees, highest compensated em	ployees	s, and		<u>.                                    </u>	
ia		disqualified persons. Complete Part II of Schedule	L			22	
_	23	Secured mortgages and notes payable to unrelated	d third j	oarties .		23	
	24	Unsecured notes and loans payable to unrelated the	nird par	ties		24	
	25	Other liabilities (including federal income tax, payal	bles to	related third			
		parties, and other liabilities not included on lines 17	7-24) (	Complete Part X			
		of Schedule D	• •	[		25	
	26	Total liabilities. Add lines 17 through 25		·· _ ·	476,885	26	116,885
	ļ	Organizations that follow SFAS 117 (ASC 958),		here ▶ 🏻 and			
Ses	ĺ	complete lines 27 through 29, and lines 33 and	34.	[.]			
lan	27	Unrestricted net assets		<u> </u>	1,337,090	27	1,342,376
Fund Balances	28	Temporarily restricted net assets	•	·	<del></del>	28	<del></del>
Pur	29	Permanently restricted net assets				29	<del></del>
Ē		Organizations that do not follow SFAS 117 (ASC	958),	check here ▶ ∐ and		ľ	,
Net Assets or		complete lines 30 through 34.		-			
set	30	Capital stock or trust principal, or current funds		· L		30	
As	31	Paid-in or capital surplus, or land, building, or equ				31	
Ne.	32	Retained earnings, endowment, accumulated incor	me, or o	other funds		32	1 0 10 0 7 7
	33	Total net assets or fund balances	•	<u> </u>	1,337,090		1,342,376
	34	Total liabilities and net assets/fund balances			1,813,975	34	1,459,261

	-	_
Page	7	2

	Diministration of the state of		
Pai	t XI 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)		1,304
2	Total expenses (must equal Part IX, column (A), line 25)		6,018
3	Revenue less expenses. Subtract line 2 from line 1		4,714
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . 4	1,33	7,090
5	Net unrealized gains (losses) on investments		
6	Donated services and use of facilities		
7	Investment expenses		
8	Prior period adjustments		
9	Other changes in net assets or fund balances (explain in Schedule O)	36	0,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	1,34	2,376
Par	t XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		. ]
		Ye	s 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," explain in	'	, ,
	Schedule O.	<u></u>	<u> </u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	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		_
þ	Were the organization's financial statements audited by an independent accountant?	2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		1
	separate basis, consolidated basis, or both		\$ [. <sup>a</sup> , <sup>a</sup> ]
	Separate basis Consolidated basis Both consolidated and separate basis	<u> </u>	نصت ـ
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant? $N/A$	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in	[; · · ] · ·	رر ' ارت این ' ارت
	Schedule O.	., .	ف عن
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
	the Single Audit Act and OMB Circular A-133?	3a	X
þ	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 $N/A$	3b	
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## **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

2018

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2018

Name of the	e organizatı	on					Employer id	lentification number
BHARAT				OF NORTH AMER	_		36-386	7090
Part I	Reason	for Pu	blic Chari	ty Status (All organization	s must com	plete this pai	t) See instructions.	- <u>-</u> -
The organiza	ation is not a	private fo	oundation be	cause it is (For lines 1 throug	gh 12, check	only one bo	x)	1
1 ∐ A c	hurch, conv	ention of d	churches, or	association of churches desc	cribed in <b>sec</b>	tion 170(b)(	1)(A)(i).	12 / L
2   As	school descr	ibed in <b>se</b>	ection 170(b)	(1)(A)(ii). (Attach Schedule E	E (Form 990	or 990-EZ) )	ı	1)7
3   A h	nospital or a	cooperativ	ve hospital se	ervice organization described	In section	170(b)(1)(A)	(iiı).	
4 ∐ A n	nedical rese	arch orgar	nization oper	ated in conjunction with a ho	spital descri	bed in <b>secti</b> i	on 170(b)(1)(A)(iii). Er	nter the hospital's name,
	, and state				,		·	
5   An	organization	operated	I for the bene	efit of a college or university of	wned or op	erated by a g	governmental unit desc	cribed in
sec	ction 170(b)(	(1)(A)(iv).	(Complete P	art II.)				
6 ∐ A f€	ederal, state,	, or local g	government o	or governmental unit describe	ed in <b>section</b>	n 170(b)(1)(A	۸)(v).	
7 🛛 An	organization	that norn	nally receives	a substantial part of its supp	ort from a g	overnmental	unit or from the gener	al public
des	scribed in <b>se</b>	ection 170	)(b)(1)(A)(vi).	. (Complete Part II.)				
$\boldsymbol{H}$				on 170(b)(1)(A)(vi). (Comple				
_				described in section 170(b)(				
or t	university or	a non-lan	nd-grant colle	ege of agriculture (see instruc	tions). Enter	the name, c	city, and state of the co	llege or
_	versity					··· <del>·</del>	<del></del>	<del></del>
	_		-	(1) more than $33^{1/3}\%$ of its				
				empt functionssubject to c				
•				and unrelated business tax		•	•	sses
	•	•		e 30, 1975 See section 509		•	•	
$\boldsymbol{H}$	_	_	· ·	ed exclusively to test for pub				h
	_	-		ed exclusively for the benefit anizations described in sec	•			
		-		d that describes the type of				
			-	perated, supervised, or contr	-	-		_
_			_	ower to regularly appoint or e	-		-	
		_		complete Part IV, Sections	·=	ity or the dire	otors or tradices or the	•
— ·				supervised or controlled in co		th its support	ted organization(s), by	havino
				orting organization vested in				
		_		e Part IV, Sections A and C			<b>-</b>	
			-	supporting organization ope		nection with.	and functionally integ	rated with.
				structions). You must comp				,
				ed. A supporting organization				janization(s)
th	nat is not fun	ctionally in	ntegrated. Th	e organization generally mus	t satisfy a di	stribution red	quirement and an atter	ntiveness
re	equirement (	see instru	ctions) You	must complete Part IV, Sec	tions A and	d D, and Par	t V.	
<b>e</b>	heck this bo	x if the or	ganization re	ceived a written determinatio	n from the li	RS that it is a	a Type I, Type II, Type	III
fu	anctionally in	tegrated,	or Type III no	on-functionally integrated sur	porting orga	anızatıon		
f Ente	r the numbe	r of suppo	orted organiz	ations · ·	•		•	
<b>g</b> Prov	de the follo	wing infor	mation about	the supported organization(			<del></del>	,
(i) Name of		(ii) l	EIN	(III) Type of organization (described on lines 1–10	(iV) Is the d	organization in your	(V) Amount of monetary	,
above (see instructions)) governing document?							support (see instructions)	
				<u> </u>	Yes	No		
(A)								-
(B)							<del></del>	
(C)								
(D) (E)								
(⊏) Total		<u> </u>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

# 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	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	( <b>d</b> ) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	139,925	168,722	61,971	66,224	71,304	508,146	
2	Tax revenues levied for the organization'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	139,925	168,722	61,971	66,224	71,304	508,146	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	•				,		
_6	Public support. Subtract line 5 from line 4		•				508,146	
Sec	tion B. Total Support							
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	( <b>d)</b> 2017	(e) 2018	(f) Total	
7	Amounts from line 4	139,925	168,722	61,971	66,224	71,304	508,146	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10	·				ė	508,146	
12	Gross receipts from related activities, etc. (see	•		•		12		
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)							
	organization, check this box and stop here	<del></del>	•••		·	· ·	<u> </u>	
	tion C. Computation of Public Supp				·		100 000	
14	Public support percentage for 2018 (line 6, col	` '	•	n (1))	-		<u> 100.00 %</u>	
15	Public support percentage from 2017 Schedul				1	15	%	
16a	331/3% support test 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	33 <sup>1</sup> /3% support test 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> /3% or more, check this box and stop here. The organization qualifies as a publicly supported organization					▶ [		
17a	10%-facts-and-circumstances test 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							
	10%-facts-and-circumstances test 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization					e ▶ []		
18	Private foundation. If the organization did not	check a box on	line 13, 16a, 16b	o, 17a, or 17b, ch	eck this box and	d see instructions	s ▶	

### 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

2018

Open to Public Inspection

Name of the organization Employer identification number BHARAT SEVASHRAM SANGHA OF NORTH AMERICA 36-3867090 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ... Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year Total number of conservation easements . 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 service, 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

Pa	Organizations M	aintaining Co	<u>llections of Art, </u>	Historical Tre	easures	<u>, or Other Simila</u>	r Assets (co	ntinued)
3	Using the organization's acquir	sition, accession, a	and other records, ch	neck any of the folk	owing that	are a significant use o	f its	
	collection items (check all that	apply)		_				
а	Public exhibition			d Loan or exch	nange prog	grams		
b	Scholarly research			e Other				_
С	Preservation for future gene	erations						
4	Provide a description of the or	ganızatıon's collec	tions and explain hov	w they further the c	organizatio	n's exempt purpose in	Part	
	XIII.							
5	During the year, did the organi	zation solicit or rec	ceive donations of an	t, historical treasure	es, or othe	r sımılar		
	assets to be sold to raise funds	s rather than to be	maintained as part of	of the organization's	s collection	n?	. Yes	No
Pa	t IV Escrow and Cus	todial Arrange	ements.					
	Complete if the organi	zation answered "	Yes" on Form 990, P	art IV, line 9, or rep	orted an a	amount on Form 990, f	art X, line 21.	
1a	Is the organization an agent, tr	ustee, custodian o	r other intermediary f	for contributions or	other ass	ets not		_
	included on Form 990, Part X?	•			•	•	∐ Yes	∐ No
þ	If "Yes," explain the arrangeme	ent in Part XIII and	complete the following	ng table				
						Ar	mount	
C	Beginning balance				. 10	c		
d	Additions during the year				. 10	d	<u> </u>	
е	Distributions during the year				· <u>1</u>	e		
f	Ending balance .			• •	1	f L		
2a	Did the organization include ar	amount on Form	990, Part X, line 21,	for escrow or custo	dial accou	unt liability? .	. 🗌 Yes	∐ No
_b	If "Yes," explain the arrangeme	int in Part XIII Che	ck here if the explan	ation has been pro	vided on l	Part XIII	<u> </u>	Ш
Pa	rt V Endowment Fund	ds.						
	Complete if the organiz	zation answered "\	Yes" on Form 990, Pa	art IV, line 10		·		
		(a) Current yea	r (b) Prior yea	ar (c) Two ye	ars back	(d) Three years back	(e) Four yea	rs back
1a	Beginning of year balance .						<u> </u>	
b	Contributions						<u> </u>	
С	Net investment earnings,							
	gains, and losses							
d	Grants or scholarships .							
е	Other expenditures for							
	facilities and programs							
f	Administrative expenses						T	
g	End of year balance							
2	Provide the estimated percenta	ige of the current y	ear end balance (lin	e 1g, column (a)) t	neld as			
а	Board designated or quasi-end	dowment 🕨	%					
b	Permanent endowment	%						
С	Temporarily restricted endowm	ent >	%					
	The percentages on lines 2a, 2	b, and 2c should e	equal 100%					
За	Are there endowment funds no	t in the possession	n of the organization	that are held and a	administer	ed for the		
	organization by						Ye	s No
	(i) unrelated organizations						. 3a(ı)	
	(ii) related organizations			•			3a(ii)	
b	If "Yes" on line 3a(ii), are the re	lated organization:	s listed as required o	n Schedule R? .			3b	
4	Describe in Part XIII the intende	ed uses of the orga	anızatıon's endowme	nt funds				
Pa	rt VI Land, Buildings	, and Equipm	ent.					
	Complete if the organ			Part IV, line 11a S	ee Form 9	90, Part X, line 10.		
	Description of property	(a)	Cost or other basis	(b) Cost or oth	er	(c) Accumulated	(d) Book va	lue
		]``	(investment)	basis (other)	)	depreciation		
1a	Land .	.			1-			
b	Buildings .				-†			
С	Leasehold improvements							
d	Equipment .						<del>-</del>	
e	Other							
Tota	. Add lines 1a through 1e (Colu	mn (d) must equa	Form 990, Part X, co	olumn (B), line 10c	)	▶		

Complete if the organization answered "Yes" on Form 990, Part IV, I		e per Heturn.
1 Total revenue, gains, and other support per audited financial statements		. 1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	. 2b	-
c Recoveries of prior year grants	2c	<del>-</del>  ,
d Other (Describe in Part XIII )	2d	
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	•	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
1	40	<b>;</b>
b Other (Describe in Part XIII )	4a	<del>- </del>
c Add lines 4a and 4b	L	- <del>  </del>
	•••	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<del></del>	5
Part XII Reconciliation of Expenses per Audited Financial		ses per Heturn.
Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.	<del></del>
1 Total expenses and losses per audited financial statements	• • •	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 20 1	
a Donated services and use of facilities	· 2a	_
b Prior year adjustments	2b	<del>-  -  </del>
c Other losses	· 2c	
d Other (Describe in Part XIII )	2d	-{
e Add lines 2a through 2d	• •	2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	[ ]	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	-   .
<b>b</b> Other (Describe in Part XIII.)	4b	<u> </u>
c Add lines 4a and 4b		4c
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	.)	5
Part XIII Supplemental Information.		
rovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,		
, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pr	rovide any additional information	
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# **SCHEDULE 0**

(Form 990 or 990-EZ)

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 36-3867090

BHARAT SEVASHRAM SANGHA OF NORTH AMERICA MONEY TRANSFER TO INDIA HOSPITAL PER DONOR'S REQUEST. - \$360,000