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Form	334	į

Department of the Treasury

Return of Organization Exempt From Income Tax

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

lacktriangle 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.

OMB No. 1545-0047 **2019**

Open to Public Inspection

Inter	nal Re	venue (Service	▶ G	to www.irs.g	ov/Form990 for	instruction	ns and t	the lat	est informa	tion.		inspection	οn
Α	For t	he 20	19 calenda	ar year, or ta	x year beginni	ng			, 2019	9, and endi	ng		, 20	
B	heck	ıf applı	cable C	Name of orga	nization BHA	RAT SEVAS	HRAM SA	NGHA	OF 1	OV	D Emp	lover ide	ntification nu	mber
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		tion pe		d = 0.4 () ()	Traction	—	40.47(-)(4)	. /) ,		H(b) Arealls				es 📙 No
				₹ 501(c)(3)	501(c)()	◀ (insert no)	4947(a)(1)	or Ψ :	527		attach a lis		uctions)	
	_		N/A				. 1-			H(C) Groupe			·	
_				Corporation	Trust As	sociation Other	er 🕨 🚶	L	_ Year o	of formation	1992	M Stat	e of legal domicil	e IL
Pá	irt I		Summar	*										
	1		-	~		or most significa								
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anc	OF	<u>RGA1</u>	<u> </u>	CON.										
e.														
Activities & Governance	2	Ch	eck this bo	ox ▶ ∐ if the	organization dis	scontinued its of	perations or	dispose	ed of m	ore than 25	% of its n	et assets		
	3	Nu	mber of vo	ting members	of the governi	ng body (Part VI	, line 1a)					3		
es	4	Nυ	mber of inc	dependent vo	ting members o	of the governing	body (Part	VI, line 1	1b) .			4		
ŧ	5	Tot	al number	of individuals	employed in ca	alendar year 201	9 (Part V, li	ne 2a)				5		
cţi	6	Tot	al number	of volunteers	(estimate if nec	essary) .						6		
٩	78	a Tot	al unrelate	d business re	venue from Par	t VIII, column (C), line 12					7a		
	1 1	b Net	t unrelated	business taxa	able income fro	m Form 990-T,	line 39		· · · · · · · · · · · · · · · · · · ·	$\overline{n} \cdot 1$		7b		0
								ECE	IVE		rior Year		Current \	/ear
d)	8	Co	ntributions	and grants (F	art VIII, line 1h) .	F	KEU		178	_	,304	6	1,017
Revenue	9				art VIII, line 2g		1	FEB. 1	1 9.7	050 100	1.		_	
š	10		-	•		, ines 3, 4, and 70	n <i>\</i> ∑l n	FEB :	10.		=			
æ	11	Oth		o /Dort \/III oo	luma (A) lumas	E Ed 00 00 10	المراجعة م			1111	$\overline{}$			
	12	Tot	al revenue		8 through 11 (n	nust equal Part	/III column	(A) (106	つだり	المرامل	71	,304	6	1,017
	13	Gra	ente and eu	milar amounts	noid (Part IV	column (A), lines	1-21	100000	12 V Z)			,000		9,804
						olumn (A), line 4			•	` 		, , , ,		
	14		•		•		-	Inna E	10)			_		
Expenses	15			•		enefits (Part IX, o		illies 5-	10)					
ë	168					mn (A), line 11e)		•		`				
Ä	1'				(Part IX, colum		<u> </u>			-	6.6	010		3,680
	17			-	• •	11a-11d, 11f-2	-	•		ļ		,018		
	18		-		, ,	ual Part IX, colur	nn (A), line	25)	•			,018		3,484
	19	Rev	renue less	expenses. Su	btract line 18 fr	om line 12		•	•	_	-354	,714		2,467
Assets	ဖွ						•			Beginni	ing of Curre		End of Ye	
ss\	ဋ 20			Part X, line 16			•		•		1,459		1,29	6,794
Net /	21			(Part X, line 2			• • •		•			,885		
		Net	assets or	fund balance:	Subtract line	21 from line 20	•			:	1,342	, 376	1,29	6,794
Pa	rt II	S	Signatur	e Block										
						turn, including acco						my knowle	dge and belief, it	(IS
true,	orrec	t, and c	omplete De	claration of prep	arer (other than o	fficer) is based on	all information	n of which	n prepar	rer has any kno	owledge			
			Suc	hefa So	dhy Khe	en							1124/2	1019
Sig	n	7	Signatu	re of officer			· · ·				_		Date /	,
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May	the IE	RS die		-		n above? (see ır	netructions\		····			777-0	X Yes	Me
						rate instruction				_			Form 990	No (2019)
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Form	990 (2019) BHARAT SEVASHRAM SANGHA OF 36-3867090	Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	. П
		<u> </u>
•	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 LI	
-	prior Form 990 or 990-EZ?	No
	If "Yes." describe these new services on Schedule O	E3
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
•	services?	No
	If "Yes," describe these changes on Schedule O	E
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.	
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	SEE ATTACHMENT AND WITH SOCIETY. ORGA	
4b	(Code) (Expenses \$)
		·
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
70	/ Code / (Expenses 5 / Nevende 5	′
		•
	<u> </u>	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
10	Total program service expenses	

Form 990 (2019) BHARAT SEVASHRAM SANGHA OF 36-3867090
Part IV 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	Х	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		X
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		_X
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	ا ء ا		v
7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			_^_
0	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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted	\vdash		
. •	endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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	Х	
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		X
C	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_ <u>X</u> _
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
Þ	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	10-		v
10		12b		_ <u>X</u> _
13 140	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		- <u>x</u>
	Did the organization maintain an office, employees, or agents outside of the Onlied States?	14a		<u>X</u>
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		Χ
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		Χ
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		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		Χ
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		_X_
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		_X_
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? N/A	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		_X

Par	TIV Checklist of Required Schedules (continued)			T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	 -	<u> </u>	<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	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		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \dots N/A	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		X
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-		<u> </u>
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)	1		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"			
4	complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			١
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			١
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			١
	or IV, and Part V, line 1	34	<u> </u>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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			١,,
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		1,,	
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	••	r	Щ
4-	Fates the surplus accorded to Boy 2 of Form 4000 Fates 2 of and according to 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1	•	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1		X
	reportable garning (garnoling) withings to prize Williers	l 1c	ı	ıX

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

1 art	Otatements regarding other into runings and rax compliance (seemes)		Vac	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	7,	Yes	No
Za	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? N/A	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O \mathbb{N}/\mathbb{A}	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		Х
b	If "Yes," enter the name of the foreign country	*,	-	
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		ų,	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>		
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\cdots N/A$	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	•	Х
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		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			-
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.		<u> </u>	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
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	· `.	-	. ,,
а	Initiation fees and capital contributions included on Part VIII, line 12	٠, ا	-	٠.
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<u></u> .`	٠ ا	
11	Section 501(c)(12) organizations. Enter	٠		
а	Gross income from members or shareholders	1	٠ ا	
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	ļ- <u></u> -		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	4		2
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>		ļ. <u>.</u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
	Note: See the instructions for additional information the organization must report on Schedule O.	. ·		
b	Enter the amount of reserves the organization is required to maintain by the states in which	ļ		2.1
	the organization is licensed to issue qualified health plans	ļ ·	'	
С	Enter the amount of reserves on hand 13c	<u> </u>		ļ.,
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O \mathbb{N}/\mathbb{A}	14b	<u></u> _	<u> </u>
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	<u> </u>	X
	If "Yes," see instructions and file Form 4720, Schedule N		<u></u>	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<u> </u>	X
	If "Yes," complete Form 4720, Schedule O	<u>l</u>	1000	<u> </u>
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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See inst	ruction	s	
,	Check if Schedule O contains a response or note to any line in this Part VI			Ш
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a]	,	
	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		٠,	ů.
	committee, explain on Schedule O			,
b	Enter the number of voting members included on line 1a, above, who are independent 1b)	ű	
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		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			. ,
٠	the year by the following			
а	The governing body?	8a	X	
_	Each committee with authority to act on behalf of the governing body?	8b	X	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	H-	2.5	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Soction	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	1		- 11
Secu	On B. Policies (This Section B requests information about policies not required by the internal revenue code)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1,41		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N./A	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		-	-11
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 · · · · · · · · · · · · · · · · · ·	12a		Х
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,"	<u> </u>		
·	describe in Schedule O how this was done	12c		
12		13		Х
13	Did the organization have a written whistleblower policy?	14		X
14	Did the process for determining compensation of the following persons include a review and approval by	^	- 1	.,,
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	[7]	,
_		15a		X
a	The organization's CEO, Executive Director, or top management official	15b		X
b	Other officers or key employees of the organization	130		^
16-	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 with a taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		, ·	,
		16b		ننسا
Saction		100		
<u> </u>	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ I L			
18		1(0)		_
10	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024–A, if applicable), 990, and 990–T (Section 50	i(U)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
10	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 interest policy financial statements available to the public during the tax year	, and		
20				
20	State the name, address, and telephone number of the person who possesses the organization's books and records SEE ATTACHMENT #1			
	ODD VITVOILIBMI MT			

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

(A)	(B)			((C)			(D)	(E)	(F)																	
Name and Title	Average hours per week	POSITION (do not check more than one box, unless person is both an officer and a director/trustee)			sition k more than one erson is both an director/trustee) Reportable compensation compensation		Estimated amount of																				
	(list any hours for related organizations below dotted line)	Individual trustee or director	employee Key employee Officer Institutional trustee		Highest compensated employee Key employee Officer Institutional trustee Individual trustee		Highest compensated employee		Highest compensated employee Key employee		ployee		ployee		playee		ployee		Key employee Officer		Key employee Officer		Former Highest compensated employee Key employee Key employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
SWAMI MUKUNANDA	40.00			X				0	0																		
VICE CHAIRMAN							_	-																			
SUCHETA SADHUKHAN TREASURER	20.00			×				0	0																		
						·																					

Form **990** (2019)

Part	VII ' Section'A. Officer	s, Directors	, Trust	ees, K	(ey En	nploye	es, and	High	est Compensated E	mployees (continue	d)
•	(A) Name and title	(B) Average		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable	(E) Reportable	(F) Estimated amount of
		hours per 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)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	2000										
			10.00								
				-							
										-	
										1	
1b	Subtotal .				·	<u> </u>		•			
c d	Total from continuation si Total (add lines 1b and 1c		rt VII, S	Section	n A			. •			<u> </u>
2	Total number of individuals		ut not l	imited	to tho	se liste	ed above) who	received more than	\$100,000 of	
	reportable compensation from	om the orga	nızatıor)						<u> </u>	
3	Did the organization list any							yee, o	or highest compensat	ed	Yes No
	employee on line 1a? If "Ye										. 3 X
4	For any individual listed on organization and related org										4 X
5	Did any person listed on lin		_								1
	for services rendered to the										5 X
Sectio	n B. Independent Contracto										
1	Complete this table for your										
	compensation from the org		eport co	ompen	sation	for the	e calenda	ar yea		n the organization's	
	Name an	(A) d business	address	2					(B) Description of se	ervices	(C) Compensation
						-					
				_							
		 _						<u> </u>			
2	Total number of independe	nt contracto	rs (ınclı	uding t	out not	limite	d to thos	e liste	d above) who		
	received more than \$100.00			-				_	, -		

Part VIII . Statement of Revenue

		Check if Schedule O contains a response or	note to any line in thi	s Part VIII .			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
9,0	10	Federated campaigns 1a					
ant		Membership dues 1b					
ng To							•
fts, 'Ar		——————————————————————————————————————	-				
ig ja							
ns, Sim		Government grants (contributions)					
utio er (f	All other contributions, gifts, grants, &	61,017			1	
헃	i	similar amounts not included above 1f	61,017				. 1
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines 1a-1f 1g \$		61,017			
a C	h	Total. Add lines 1a-1f	🕨	61,017		ļ	- (
			Business Code				
ce	2a						
e vi	ь						
Program Service Revenue	С						
ran	d						
rog R	е						
<u>a</u>		All other program service revenue .	L		<u> </u>		
	g	Total. Add lines 2a-2f .					
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)	. •				
	4	Income from investment of tax-exempt bond p	roceeds · •				
	5	Royalties	•				
		(ı) Real	(II) Personal		-		
							
		Less rental expenses 6b					
		Rental income or (loss) 6c					
	d	Net rental income or (loss)	<u> </u>				
	7a	Gross amount from sales (1) Securities	(II) Other				
		of assets other than					
		inventory 7a					
	b	Less cost or other basis				ĺ	
		and sales expenses 7b					
		Gain or (loss) 7c	<u> </u>				1
		Net gain or (loss)	. •				
	8a	Gross income from fundraising events					
ne		(not including \$					
ven		of contributions reported on line 1c)					
Re	_	See Part IV, line 18					
Other Revenue		Less direct expenses 8b					
ਰ		Net income or (loss) from fundraising events	. •		<u></u>	.	
	ча	Gross income from gaming activities.]			İ]
		See Part IV, line 19 9a					
		Less direct expenses 9b	. >				
		Net income or (loss) from gaming activities		-			
	iva	Gross sales of inventory, less returns and allowances . 10a					
		returns and allowances . 10a Less cost of goods sold 10b					
		<u> </u>	.				
		Net income or (loss) from sales of inventory	Business Code				
sno	11a		Dusilless Code		· 		
Miscellaneous Revenue	b			-			
ella	c						
iscellane Revenue	-	All other revenue					
Σ		Total. Add lines 11a-11d	▶				,
-	12	Total revenue. See instructions		61,017			
						<u> </u>	

Part IX Statement of Functional 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 (D) (B) (C) (A) Total expenses Do not include amounts reported on lines 6b, 7b, Management and general expenses Fundraising expenses Program service expenses 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, 3 foreign governments, and foreign individuals. See Part IV, 139,804 lines 15 and 16 · · · Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 11 Fees for services (nonemployees) Management а 2,595 2,595 b Legal 370 370 Accounting . Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 25 25 (A) amount, list line 11g expenses on Schedule O) Advertising and promotion ... 12 27,600 27,600 13 Office expenses 14 Information technology Royalties 15 20,982 20,982 16 Occupancy 1,969 1,969 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 Payments to affiliates 25,255 25,255 22 Depreciation, depletion, and amortization. 4,884 4,884 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) а b C d е All other expenses 83,680 223,484 Total functional expenses. Add lines 1 through 24e 25 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 note to any line in this Part X **(B)** (A) Beginning of year End of year 112,656 132,868 Cash -- non-interest-bearing . . . Savings and temporary cash investments 2 Pledges and grants receivable, net . . 3 4 Accounts receivable, net . . Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 417,600 300,600 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment cost or 1,200,000 other basis Complete Part VI of Schedule D 10a 316,462 908,793 883,538 10b **b** Less accumulated depreciation 10c 11 11 Investments -- publicly traded securities Investments -- other securities See Part IV, line 11. 12 12 13 Investments -- program-related. See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 1,459,261 1,296,794 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 116,885 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 116,885 O Total liabilities. Add lines 17 through 25 ... 26 Organizations that follow FASB ASC 958, check here ▶ 🂢 **Fund Balances** and complete lines 27, 28, 32, and 33. 1,296,794 1,342,376 Net assets without donor restrictions . . . 27 27 Net assets with donor restrictions . 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ğ 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 1,296,794 Š 1,342,376 Total net assets or fund balances 32 32

Total liabilities and net assets/fund balances

1,296,794

1,459,261

33

Page	12
ı aye	

Form	990 ((2019)

BHARAT SEVASHRAM SANGHA OF 36-3867090 Page 1

Par	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)			,017
2	Total expenses (must equal Part IX, column (A), line 25)			,484
3	Revenue less expenses. Subtract line 2 from line 1		-162	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	1	,342,	, 376
5	Net unrealized gains (losses) on investments 5			
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)	•	116	,885
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	1,	,296,	,794
Par	t XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·		. Ц
			Yes	No
1	Accounting method used to prepare the Form 990 🛛 Cash 📋 Accrual 📗 Other	_ .24 4	1 §	7
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1 :	· · ·
	Schedule O	- 3	```	0
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	ļ	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	_ 0	. Y	• •
	Separate basis Consolidated basis Both consolidated and separate basis			<u> </u>
b	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]		, ,,
	separate basis, consolidated basis, or both		1. 2%	
	Separate basis Consolidated basis Both consolidated and separate basis			*
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant? N/A	د 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on		١,	
	Schedule O.		.	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	ł		
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A	3b		
FDA	19 99012 BWF 990 Form Software Copyright 1996 – 2020 HRB Tax Group, Inc	Form	990 ((2019)

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.

2019

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number 36-3867090 BHARAT SEVASHRAM SANGHA OF NORTH AMERICA 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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). 6 M 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 An organization that normally receives (1) more than $33\frac{1}{3}\%$ 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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 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) 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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (vi) Amount of other (i) Name of supported (ii) EIN (III) Type of organization (iV) Is the organization (V) Amount of monetary (described on lines 1-10 listed in your governing document? support (see instructions) support (see instructions) organization above (see instructions)) (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	168,722	61,971	66,224	71,304	55,088	423,309
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	168,722	61,971	66,224	71,304	55,088	423,309
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			•	٠ .		423,309
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	168,722	61,971	66,224	71,304	55,088	423,309
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					•	423,309
12	Gross receipts from related activities, etc. (see	e instructions)				12	
13	First five years. If the Form 990 is for the org	ganization's first, s	second, third, for	urth, or fifth tax ye	ear as a section	501(c)(3)	_
	organization, check this box and stop here						▶ 📑
Sec	tion C. Computation of Public Sup	port Percent	age				
14	Public support percentage for 2019 (line 6, co	olumn (f) divided	by line 11, colum	nn (f))		14 1	00.00%
15	Public support percentage from 2018 Schedu	ile A, Part II, line	14			15	%
16a	33 ¹ /3% support test 2019. If the organiza box and stop here. The organization qualifies				s 33 ¹ /3% or mo	re, check this	▶ 🖺
b	33 ¹ /3% support test 2018. If the organizathis box and stop here. The organization qua				e 15 is 33 ¹ /3% i	or more, check	. ▶ 🗌
17a	10%-facts-and-circumstances test 2019 10% or more, and if the organization meets the Part VI how the organization meets the "facts"	ne "facts-and-circ	cumstances" test	t, check this box	and stop here.	Explain in	zation ▶ 🗍
b	10%-facts-and-circumstances test 201 more, and if the organization meets the "facts	-and-circumstan	ces" test, check	this box and sto	p here. Explain	in Part VI how the	
40	organization meets the "facts-and-circumstar		•	, ,			. ·· ₹ H
18	Private foundation. If the organization did no						
FDA	19 990A2 BWF 990 Form Software Co	pyright 1996 - 2020	HHB Tax Group, In-	С	Schedule	A (Form 990 or	990-EZ) 2019

SCHEDULE D

(Form 990) .

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

2019

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

BHI	ARAT SEVASHRAM SANGHA OF NOR			36-38		
Pa	rt I Organizations Maintaining Donor A		imilar Fund	s or Account	is.	
	Complete if the organization answered "Yes" or			(h) Francis and a	*har aa==::=**	<u>-</u>
		(a) Donor advised funds		(b) Funds and o	tner accounts	
1	Total number at end of year		-			
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisor	-		i	П.,	п.,
	funds are the organization's property, subject to the org	-		• •	∐ Yes	∐и
6	Did the organization inform all grantees, donors, and do					
	only for charitable purposes and not for the benefit of the	ne donor or donor advisor, or for a	any other purpo	se	П.,	П.,
	conferring impermissible private benefit?		· ·	<u> </u>	Yes	N
Pai	rt II Conservation Easements.					
	Complete if the organization answered "Yes" or					
1	Purpose(s) of conservation easements held by the orga	nization (check all that apply)	7			
	Preservation of land for public use (for example, recr	reation or education)	-	of a historically im		area
	Protection of natural habitat	L	Preservation	of a certified histo	ric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution	n in the form of			
	easement on the last day of the tax year.			Held at the	End of the T	ax Year
а	Total number of conservation easements		•	2a		
b	Total acreage restricted by conservation easements			2b		
C	Number of conservation easements on a certified histori	ic structure included in (a)	•	2c		
d	Number of conservation easements included in (c) acqu	ured after 7/25/06, and not on a				
	historic structure listed in the National Register	• • •	•	2d		
3	Number of conservation easements modified, transferre	d, released, extinguished, or term	inated by the oi	rganization during	, the	
	tax year 🕨					
4	Number of states where property subject to conservation	n easement is located 🕨				
5	Does the organization have a written policy regarding th	ne periodic monitoring, inspection,	, handling of		_	_
	violations, and enforcement of the conservation easeme	ents it holds?			∐ Yes	L] No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and e	nforcing conse	rvation easement	s during the y	ear ear
	>					
7	Amount of expenses incurred in monitoring, inspecting,	handling of violations, and enforce	ing conservatio	n easements duri	ng the year	
	▶ \$					
8	Does each conservation easement reported on line 2(d)	above satisfy the requirements o	f section 170(h)	(4)(B)(ı)	_	_
	and section 170(h)(4)(B)(II)?				. Yes	∐ No
9	In Part XIII, describe how the organization reports conse	ervation easements in its revenue	and expense st	atement and		
	balance sheet, and include, if applicable, the text of the	footnote to the organization's fina	incial statement	s that describes th	те	
	organization's accounting for conservation easements					
Par	t III Organizations Maintaining Collection	ons of Art, Historical Trea	asures, or C	ther Similar	Assets.	
	Complete if the organization answered "Yes" or					
1a	If the organization elected, as permitted under FASB AS	C 958, not to report in its revenue	e statement and	balance sheet w	orks	
	of art, historical treasures, or other similar assets held fo	r public exhibition, education, or r	research in furth			
	service, provide in Part XIII the text of the footnote to its	financial statements that describe	es these items			
b	If the organization elected, as permitted under FASB AS					
	art, historical treasures, or other similar assets held for p	public exhibition, education, or res	earch in further	ance of public ser	vice,	
	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			. • s —		
2	If the organization received or held works of art, historic			· —		
2				an, provide the		
	following amounts required to be reported under FASB	AGG 300 relating to these items		▶ •		

b Assets included in Form 990, Part X

Par	t III · Organizations Maintaining	Collections of Ar	i, Historical Treas	ures,	or Other Similar	Assets	(conti	nued)
3	Using the organization's acquisition, accession	n, and other records, o	heck any of the following	ng that r	make significant use of	its		
	collection items (check all that apply)							
а	Public exhibition		d Loan or exchange Other	ge progi	rams			
b	Scholarly research		e Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain hi	ow they further the orga	ınızatıon	s exempt purpose in	Part		
	XIII.							
5	During the year, did the organization solicit or	r receive donations of a	art, historical treasures, o	or other	sımılar			_
	assets to be sold to raise funds rather than to	be maintained as part	of the organization's co	lection	?	∐ Ye	s	∐ No
Par	t IV Escrow and Custodial Arra Complete if the organization answere	_	Part IV, line 9, or report	ed an ai	mount on Form 990, P	art X, line	21	
1a	Is the organization an agent, trustee, custodia	an or other intermedian	for contributions or oth	ner asse	ets not	_		_
	included on Form 990, Part X? .		•			Ye	:S	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follov	ving table					
					Am	nount		
C	Beginning balance		• • •	. 1c				
d	Additions during the year			1d	<u> </u>			
e	Distributions during the year		• •	1e		. <u>.</u>		
f	Ending balance .		• •	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21	, for escrow or custodia	al accou	nt liability? .	. Ye	s	∐ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the expla	nation has been provid	ed on P	Part XIII	•		Ц_
Pai	rt V Endowment Funds.							
	Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 10		<u> </u>			
	(a) Current	year (b) Prior y	ear (c) Two years	back	(d) Three years back	(e) Four	years	back
1a	Beginning of year balance .							
b	Contributions					ļ		
С	Net investment earnings,							
	gains, and losses .							
d	Grants or scholarships				<u>-</u>			
e	Other expenditures for							
	facilities and programs							
f	Administrative expenses							
g	End of year balance					<u> </u>		
2	Provide the estimated percentage of the curre	ent year end balance (I	ine 1g, column (a)) held	as				
а	Board designated or quasi-endowment	%						
b	Permanent endowment ▶	%						
С	Term endowment ▶ %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posses	ssion of the organizatio	n that are held and adn	nınıstere	ed for the			
	organization by						Yes	No
	(i) Unrelated organizations				• •	3a(i)	<u> </u>	
	(ii) Related organizations					3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as required	on Schedule R?		• • • • •	3b		
4	Describe in Part XIII the intended uses of the	organization's endown	nent funds.					
Pa	rt VI Land, Buildings, and Equi	pment.						
	Complete if the organization answer	ered "Yes" on Form 990), Part IV, line 11a. See	Form 99	90, Part X, line 10.			
	Description of property	(a) Cost or other basis	(b) Cost or other	((c) Accumulated	(d) Boo	k value	9
		(investment)	basis (other)		depreciation			
1a	Land							
b	Buildings							
С	Leasehold improvements							
đ	Equipment .							
e	Other							
Total	. Add lines 1a through 1e. (Column (d) must e	oual Form 990 Part X	column (B) line 10c)					

Pa	t XI Reconciliation of Revenue per Audited Financial Sta	ateme	nts With Revenue	per	Return.
	.Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		,	
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	_			
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2¢			
d	Other (Describe in Part XIII.)	2d]	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			; •
b	Other (Describe in Part XIII)	4b			I
	Add lines 4a and 4b		•	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
	t XII Reconciliation of Expenses per Audited Financial St	tateme		s pe	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25				
	Donated services and use of facilities	2a			
	Prior year adjustments	2b		1	
	Other losses	2c		1	
-	Other (Describe in Part XIII.)	2d		i l	
	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			
	Other (Describe in Part XIII)	4b		1 1	
	Add lines 4a and 4b	4.0		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	··········
	t XIII Supplemental Information.		<u> </u>		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV. Iir	nes 1b and 2b, Part V, lin	e 4. Pa	art X, line
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to prov			•	,
				-	
			·		• • • • • • • • • • • • • • • • • • • •
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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.

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2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

BHARAT SEVASHRAM SANGHA OF NORTH AMERICA

Employer identification number

36-3867090