Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2018

Dep	artment o	f the Treasury		ecurity numbers on this		-	-	c.	Open to F	
	mal Rever	nue Service		//Form990 for instruction			ormation.			
<u>A</u>	For the		dar year, or tax year beginning	·	, 2018, a	nd ending			<u>, 20</u>	
В	Check if	fapplicable C	Name of organization Sahaya Interr	national, inc				D Employer	identification n	nuper
Ц	Address	s change	Doing business as Number and street (or P O box if mail			Room/suite			68-0434770	
\sqsubseteq	·Name d	hange		E Telephone number						
Ш	Initial re	turn 1	504 Portola Street City or town, state or province, country			<u></u>			30) 601-08 9 0	
	Final retu	ırn/terminated								
			avis, CA 95616					G Gross rec		495,550
	Applicat	tion pending F	Name and address of principal officer	Koen Van Rompay			H(a) Is this a gi	oup return for su	bordinates? 🔲 Yes	✓ No
_		1	504 Portola Street, Davis, CA 956	316			4 ''		ncluded? 🔲 Yes	
<u></u>	Tax-exe	mpt status	✓ 501(c)(3)) ◀ (insert no) 🔲 4947	'(a)(1) or	527	lf "N	o," attach a li	st (see instruction	ns)
J	Website		sahaya.or <u>o</u>				H(c) Group	exemption n	umber 🕨	
K		organization 🗸	Corporation Trust Association	n ☐ Other►	L Yea	r of formation	1999	M State o	f legal domicile	CA
Р	art I	Summa							<u>. </u>	
	1	Briefly des	cribe the organization's missio	n or most significant a	ctivities:	Sahaya li	nternation	l consists	of a network of	of friends
õ		who volunt	eer their time to build awareness	and support of healthc	are, edu	cation and	socio-ecor	omic deve	lopment progr	ams in
Governance		developing	countries through close collabo	ration with dedicated gr	assroots	organizati	ons and of	her nonpro	ofit organization	ns.
Je J	2	Check this	box ▶ ☐ if the organization dis	scontinued its operation	ns or di	sposed of	more than	25% of it	s net assets.	
ő	3	Number of	voting members of the govern	ing body (Part VI, line	1a).			3		15
æ	4	Number of	independent voting members	of the governing body	(Part VI,	line 1b)		4		15
Activities &	5		per of individuals employed in o					5		0
ž	6		per of volunteers (estimate if ne	•				6		50
Ş	7a		ated business revenue from Pa		12			7a		0
-	b		ed business taxable income from	• •				7b		
_	 	THE GITTER	od basinese taxasis interine in				Prior Ye		Current Ye	
Revenue	8	Contributio	ons and grants (Part VIII, line 1h	DECE	IVE	n H⊤		200 617		
	9		ervice revenue (Part VIII, line 20		<u> </u>			309,617		499,846
Š			: income (Part VIII, column (A),			131		0		0
æ	10	Othern	income (Part VIII, column (A),	F call 60 on MAY all	4.2019) 4 		6		
	11	Other reve	nue (Part VIII, column (A), lines	5, bd 186, jec, jylyci, and	14 1 e) ! 4	1 1 1 1 1 1 1		. 0		0
	12		ue-add lines 8 through 11 (mu		nn (A), iir	10 12)		309,623	<u>.</u>	499,850
	13		similar amounts paid (Part IX,		Νl	月 ○ 		306,506		537,055
	14		ud to or for members (Part IX,					0		0
es	15		ner compensation, employee be			5-10)		0		0
SE SE	16a		al fundraising fees (Part IX, coli			· ·		0		0
Expenses	b		aising expenses (Part IX, colun			1,774				
ш	17		nses (Part IX, column (A), lines	· · · · · · · · · · · · · · · · · · ·		· ·		7,819		6,989
	18	Total expe	nses. Add lines 13–17 (must ed	qual Part IX, column (A)	, line 25	i) · [314,325		544,044
	19	Revenue le	ss expenses. Subtract line 18	from line 12 .				-4,702		-44,194
ances						Beg	unning of Cu	rrent Year	End of Ye	ar
sets	20	Total asset	s (Part X, line 16)			· · L_		114,995		70,801
Net Asse Fund Bala	21	Total liabili	ties (Part X, line 26) .					0		0
25	22	Net assets	or fund balances. Subtract line	e 21 from line 20 .				114,995		70,801
P	art II	Signatu	re Block							
Un	der pena	ities of perjury	I declare that I have examined this retu	um, including accompanying	schedules	and stateme	nts, and to th	ne best of my	knowledge and	belief, it is
tru	e, correc	t, and complet	Declaration of preparer (other than of	ficer) is based on all informat	ion of whic	ch preparer ha	is any knowl	edge		
			Von Rome 1-					5/07	119	
Şiş	ın a	Signati	ire of officer				Dat	:e		
He		∦ `	KOEN VAN ROM	PAY SECRET	MRV_	TREAS	JREIR			
	Type or print name and title									
_		Print/Type		reparer's signature		Date		Ta	PTIN	
Pa		! "		•				Check self-emplo	ıf	
Preparer										
Us	e Onl			-				's EIN ▶		
MAG	V +h6 10	Firm's add		own shound lead inch	ictions\		Pho	ne no		
			his return with the preparer sh		ictions)	· · · ·			∐ Yes	
FOR	raper	vork Heduct	on Act Notice, see the separate	instructions.		Cat. No	11282Y		Form 9	90 (2018)

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	Sahaya international consists of a network of friends who volunteer their time to build awareness and support of healthcare.
	education, environmental and socio-economic development programs in developing countries through close collaboration with
	dedicated local grassroots organizations, and other nonprofit and charitable organizations.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	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?
	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.
4a	(Code:) (Expenses \$ 186,128 including grants of \$ 183,600) (Revenue \$ 0)
	India: socio-economic development, education, health of underprivileged people, through support of several nongovernmental
	organizations (NGO's). This includes support to 4 schools (more than 600 children), orphan support programs (~250 children), HIV treatment (~190 people, including 33 children and youth), disability programs, formation of women-self-help groups with micro-
	financing; vocational skill-training (~100 youth).
4b	(Code:) (Expenses \$256,370 including grants of \$255,485) (Revenue \$) Kenya: education and social support for underprivileged youth and children, through support to 3 NGO's in Kenya that take care of
	approximately 160 children in their homes, provide support to families in the communities and provide basic education to approx
	1200 children and youth from poor slum and rural areas. This includes also suppport for ongoing construction of 2 school/orphan
	centers.
4c	(Code:) (Expenses \$ 96,980 including grants of \$ 96,650) (Revenue \$ 0)
	Vietnam: Housing and education program. Construction of simple houses for underprivileged families (more than 200 homes have
	been built so far), provision of tuition scholarships (~ 200 children and youth), construction of 3 bridges in rural villages to give
	people easier access to towns and children easier access to schools. These programs are in the rural area of Kien Glang, Vietnam.
	······································
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 1,320 including grants of \$ 1,320) (Revenue \$ 0)
4e	Total program service expenses ▶ 540 798



	0 (2018)			Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	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		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		\
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		√
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		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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	✓	
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	✓	
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		✓
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		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>√</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	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		✓
			000	(0010)

Part	Checklist of Required Schedules (Continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		\
35a	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 controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		√
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
Part '			لسنا	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and]		
	reportable gaming (gambling) winnings to prize winners?	1c		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	Enter the number of environmental as from M.O. Torresidad of Many and Tau I		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
ь	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		 -
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		-
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		1
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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	.		
7	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		√
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			١.
	required to file Form 8282?	_7c_		/
d	If "Yes," indicate the number of Forms 8282 filed during the year			
0 4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		V
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand	i		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
	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		√
	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		—
	If "Yes," complete Form 4720, Schedule O.	-10		¥ 1
		1	ليبيب	

ţ

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in:		
Sect	ion A. Governing Body and Management		•	<u>. </u>
"-			Yes	No
1a		<u> </u>		
	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.			
L	Fig. 11. manual 1. A. 18. Manual 1. I. Manual 1. A. 18. Manual 1. Manual 1. A. 18. Manual 1. A. 18. Manual 1. Manual	_		
b		5		İ
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		7
3	Did the organization delegate control over management duties customarily performed by or under the direct			广
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		✓
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		✓
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		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	/	ऻ
b	Each committee with authority to act on behalf of the governing body?	8b	✓	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			,
Sacti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ion B. Policies (This Section B requests information about policies not required by the Internal Rever	9	odo l	1 4
3601	on b. Policies (This Section B requests information about policies not required by the internal never	iue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.00	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		, , ,
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		i
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		√
	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		✓
b	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			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		L
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Our website Another's website Upon request Other (explain in Schedule O)	i (Sec	tion f	501 (c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	terest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	>	
	Koen Van Rompay, 1604 Portola Street, Davis CA 96616			

Dana	- 1

Part V	/11 (Compensation of Officers, Directors, Trustees, K	key Employees,	, Highest Compensated	Employees, and
	I	Independent Contractors			

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ated any currer	nt officer, director	r, or trustee.	
,				(0	C)						_
(A)	(B)	[, .			ition			(D)	(E)	(F)	
Name and Title	Average					than our sign of the sign of t		Reportable	Reportable	Estimated	
	hours per					or/trus		compensation	compensation from	amount of	
	week (list any , hours for	익듯	뎚	Q	8	显置	77	from the	related organizations	other compensation	
	related	divid	T T	Officer	er er	동물	Former	organization	(W-2/1099-MISC)	from the	
	organizations below dotted	g <u>5</u>	non		μğ	8 8		(W-2/1099-MISC)		organization and related	
	line)	Individual trustee or director	el tr		Key employee	§				organizations	
		8 8	Institutional trustee		Ĭ	Highest compensated employee	l				
			ů	<u> </u>		8	_				_
(1) Chung Truong	20										
Director		✓					1	0	٥	ı	0
(2) Adele Moussas	1										_
Director		✓						0			0
(3) Marion Jenkins	11										
Director	Ļ	✓						0	0		0
(4) Mary Philip	1										
Director		✓	Ш		L.		<u> </u>	0	0		0
(5) Rino Dizon	11										
Director		✓						0	o	<u> </u>	0
(6) Danielle Newberry	11			l							
Director		✓			_		L	0	0		0
(7) Jeff Vo	11										
Director		✓	Щ		L			0	0		0
(8) Lonna Hampton	11				,						
Director	ļ	✓	Ш					0	0		0
(9) Ida-Maria Skavhaug	11										
Director		✓						0	0		0
(10) Vinita Domier	11										
Director	ļ	✓			Ĺ		<u> </u>	0	0		0
(11) Paulina Zielinska	1										
Director		/						0	0	<u> </u>	0
(12) Cincin Young	20										
Director		✓					_	0	0		0
(13) Andy Lauer	10										
Director	ļ	✓			Щ			0	0		0
(14) Leslie Anastassatos	11										
Director	<u> </u>	✓_						<u> </u>	0		0

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yee :			lighes	st C	ompensated E	mployees (con	inued)		
	•				•	C)							
	(A)	(do not check more that					(D)	(E)	_	(F)			
	Average hours per					is both or/trust		Reportable compensation	Reportable compensation from		stimated mount of		
		week (list any hours for						<u> </u>	from the	related organizations		other npensatio	
	,	related	d d	State	Officer	Key employee	n ge	Former	organization	(W-2/1099-MISC)		from the	Ori
	'	organizations below dotted	of F	ļ ģ		夏	8 g	ੈ	(W-2/1099-MISC)			ganization nd related	
		fine)	Individual trustee or director	Institutional trustee		уее	mpe			,		anization	
			8	<u>æ</u>			Highest compensated employee						
	·						8	_			_		
	loopa Mukund	11	,										
Directo	' '''. 	_	-					_	0		<u> </u>		0
Preside	lamin Yazdani	8	1		_				. ا				
	oen Van Rompay	30		\vdash	Ť			 	•		1		
	ary/Treasurer		1		 				۰ ا		0		٥
									Ĭ				
<i></i>													
(19)													
				$ldsymbol{f eta}$									
(20)													
				igwdap							+		
(21)												-	
(22)		·						├─					
<u> </u>													
(23)										5	+		-
X7													
(24)													
										•			
(25)	***************************************												
				L				Ļ_					
	Sub-total			٠	•		٠	>	0		0		0
	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•		•		0		<u> </u>		0
_ u _2	Total number of individuals (including but						hove	1 146	·	ore than \$100 (0 100 of		0
2	reportable compensation from the organi		1011	036	ıısı	-	above) VV	0	ore triarr wroo,	oó oi		
												Yes	No
3	Did the organization list any former of	ficer, direct	tor, o	r tr	uste	е,	key e	mp	loyee, or high	est compensa	ted		
	employee on line 1a? If "Yes," complete \$. 3		1
4	For any individual listed on line 1a, is the												[
	organization and related organizations	greater tha	an \$1	50,	000	? <i>If</i>	"Yes	s, "	complete Sch	edule J for su	1	_	لـــِــا
_	individual			٠.	<i>:</i> ·		•				4	+-	✓
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or individ	ual . 5	-	
Section	n B. Independent Contractors	11 103, 0	Ompi	010	00,7	900	10 0 1	0, 3	acii persori .	· · · · ·			
1	Complete this table for your five highest of	compensate	ed inc	lene	and d	ant o	contr	acto	ore that receive	d more than \$1	00 000		
•	compensation from the organization. Rep												ax
	year.												
	(A)								(B)			>)	
	Name and business add	ress							Description of se	ervices	Compe	nsation	
None `													
													
									· · · · · · · · · · · · · · · · · · ·				
. 2	Total number of independent contracto	rs (includin	na bu	t n	ot li	imit	ed to	th	ose listed abo	ve) who			 1
, -	received more than \$100,000 of compens							41	0	,			İ
													<u>`</u>

	990 (201	· _						Page 9
Par	t VIII	Statement of Reve						_
		Check if Schedule C	oontains a res	ponse or note to	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
इ	1a	Federated campaigns	s 1a	0				
Grants nounts	ь	Membership dues .		o				
	c	Fundraising events .	1c	0				
ᆲ	d	Related organizations	i <u>1d</u>	0				
g Ę	0	Government grants (con		0				
er S	f	All other contributions, g						
듗욛		and similar amounts not inc		499,846				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ	•	0				
-	h	Total. Add lines 1a-1	<u> </u>	Business Code	499,846			, , , , , , , , , , , , , , , , , , ,
Program Service Revenue	2a			Dusiless Code	0			0
æ								
9	c							
훘	d							
Ē	ө							
g	f	All other program sen						
<u>~</u>	g	Total. Add lines 2a-2	f	▶	0			
	3	Investment income and other similar amo		ends, interest,		_	_	_
		Income from investmen	•		4	4	0	
	4 5			•	0	0	0	
	3	noyanies	(i) Real	(ii) Personal		0		0
	6a	Gross rents	0	O				
	b	Less: rental expenses	0	o				
	С	Rental income or (loss)	0	0				
	d	Net rental income or (🕨	o	0	0	0
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	0	0				
	b	Less: cost or other basis						
		and sales expenses . Gain or (loss)	0	0				
	d	Net gain or (loss) .		·	0	0	0	0
nue	8a	Gross income from fu		<u> </u>				
ē	""	events (not including \$	n					
Other Reve		of contributions reporte	ed on line 1c).					
<u>-</u>		•	a	اه				1
ŧ	ь	Less: direct expenses	b	0				
•		Net income or (loss) fi		events . ►	0			0
	9a	Gross income from ga						1
		See Part IV, line 19 .		o				
		Less: direct expenses					_	
		Net income or (loss) fi Gross sales of in		vities ▶	0	0	0	0
	IVa	returns and allowance		٥				
	ь	Less: cost of goods s						
	c	Net income or (loss) fa		entory ►	0	0	0	0
		Miscellaneous R		Business Code				ı
	11a							
	ь							
	C	***************************************						
	d	All other revenue .						
	е 12	Total. Add lines 11a- Total revenue. See in		•	100.050		T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	1.2	. Juli 1940ilub, Oct II	iorracions .	· · · · •]	499,850	4	0	Form 990 (2018)

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com			s must complete co	lumn (A).
	Check if Schedule O contains a respons				<u> </u>
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			·	
	and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16	537,055	537,056		· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees				
•		- 0	0	0	
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	0	0	0	
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	o	ا	٥	•
9	Other employee benefits	0	0	0	
10	Payroll taxes	0	0	0	
11	Fees for services (non-employees):		-		
а	Management	o	0	0	
b	Legal	0	0	0	
c	Accounting	0	0	0	
ď	Lobbying		0	0	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	0	0	0	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
40	- · · · · · · · · · ·	0	0	0	
12 13	Advertising and promotion	115	0	0	115
14	Office expenses	910	0	205 910	16
15	Royalties	0	0	0	
16	Occupancy	0		0	
17	Travel	2,363	2,363	0	
18	Payments of travel or entertainment expenses		2,000		
	for any federal, state, or local public officials	o	0	o	d
19	Conferences, conventions, and meetings .	0	0	0	<u> </u>
20	Interest	0	0	o	
21	Payments to affiliates	0	0	0	<u>_</u>
22	Depreciation, depletion, and amortization .	0	0	<u> </u>	
23	Insurance	0	0	0	0
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	Credit card service charges	373	0	0	272
b	Bank charges (wire transfers and miscell.)	1,662	1380	282	
c	Registration fees Attorney General	75	0	75	
d	Subscription fees	1,287	0	0	1,267
е	All other expenses	0	0	0	
25	Total functional expenses. Add lines 1 through 24e	644,044	640,798	1,472	1,774
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 following SOP 98-2 (ASC 958-720)				

Form 990 (2018) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 1 88,972 8,440 2 2 32,023 62,361 3 3 0 ol 4 0 Loans and other receivables from current and former officers, directors, 42 ъ, trustees, key employees, and highest compensated employees. 5 ٥ 0 Loans and other receivables from other disqualified persons (as defined under section D C Distance 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 0 0 7 0 8 ol 0 Prepaid expenses and deferred charges . . ol 0 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c b 0 11 Investments—publicly traded securities 11 0 0 12 Investments-other securities. See Part IV, line 11 . 0 12 0 13 Investments-program-related. See Part IV, line 11 . . . 13 0 0 Intangible assets 14 14 0 0 15 15 Other assets. See Part IV, line 11 ol 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 114,995 70<u>,801</u> 17 Accounts payable and accrued expenses 17 0 18 18 0 0 19 19 0 0 20 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 ٥ 0 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . al 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0 26 26 Total liabilities. Add lines 17 through 25 0 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34.

> 70.801 Form **990** (2018)

0

0

0

0

0

70,801

70,801

27

0 29

30

31

32

33

٥

0

0

0

114,995

114.995

114,995 28

27

28

29

30

31

32

33

Unrestricted net assets

Total liabilities and net assets/fund balances .

complete lines 30 through 34.

Temporarily restricted net assets

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds.

Organizations that do not follow SFAS 117 (ASC 958), check hero ▶ □ and

Page	12	

.

1

•

	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. \square
1	Total revenue (must equal Part VIII, column (A), line 12)	1				99,85
2	Total expenses (must equal Part IX, column (A), line 25)	2		•	5	44,04
3	Revenue less expenses. Subtract line 2 from line 1	3			-	44,18
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			1	14,9
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10				70,80
art	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. [
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the community of the method of constitution from a wildy year or charles if (Other I) are				1	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ı	n			
	Schedule O.	plain i	n			
2a		•		2a		1
2a	Schedule O.			2a		√
2a	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:			2a		1
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis					-
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:			2a 2b		-
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	 piled c	or			-
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	 piled c	or			-
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited.	 piled c	or			-
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization.	piled o	or a	2b		-
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	piled o	or a			-
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compressived on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for orgonization changed either its oversight process or selection process during the tax year, expension of the service of the service of the process of the service of the se	piled of	or a	2b		
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for orgoin the audit, review, or compilation of its financial statements and selection of an independent accountance.	piled of	or a	2b		-
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compressived on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, exception of a federal award, was the organization required to undergo an audit or audits as set	piled of the piled on wersigh untant?	or a at	2b		✓ ✓
b c	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compressived on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, expended to the consolidated and of the selection of an audit or audits as set the Single Audit Act and OMB Circular A-133?	piled of control of co	or a a nt	2b		-
b c	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compressived on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, exception of a federal award, was the organization required to undergo an audit or audits as set	piled of the piled on wersigh untant? (plain in forth in the pile pile pile pile pile pile pile pil	or a a nt	2b 2c		7

•

.

· _____

.

SCHEDULE A (Form 990 or 990-EZ)

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Saha	ya Inter	national, inc.	C	····				34770
Par	t I	Reason for Public Cha	rity Status (All	organizations must	t comple	te this p	art.) See instruction	ons.
The c	organiza	ation is not a private founda	ition because it i	s: (For lines 1 through	12, che	ck only or	ne box.)	
1		hurch, convention of churc						Δ
2		chool described in section						
3		ospital or a cooperative ho					,, ,, ,	
4	_	nedical research organization	•	onjunction with a hosp	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
		spital's name, city, and state						
5		organization operated for ction 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6	☐ A fe	ederal, state, or local gover	nment or govern	mental unit described	l in secti	on 170(b)	(1)(A)(v).	
7		organization that normally scribed in section 170(b)(1)			port from	n a gover	nmental unit or fron	n the general public
8	□Ac	ommunity trust described i	n section 170(b))(1)(A)(vi). (Complete	Part II.)			
9	or u	agricultural research organ university or a non-land-gra versity:	nt college of agr	riculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10	rec sup	organization that normally i eipts from activities related port from gross investmen quired by the organization a	to its exempt fu t income and un	nctions—subject to c related business taxa	ertain exc ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its
11	☐ An	organization organized and	operated exclus	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
12	of o	organization organized and one or more publicly suppo eck the box in lines 12a thro	orted organizatio	ns described in sect i	ion 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
а		Type I. A supporting organithe supported organization supporting organization. Y	(s) the power to	regularly appoint or e	elect a ma	jority of t		
b		Type II. A supporting organization(s). You must	the supporting o	organization vested in	the same			
c		Type III functionally integ its supported organization(ally integrated with,
d		Type III non-functionally interest that is not functionally integrequirement (see instructionally integrated).	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
е		Check this box if the organ functionally integrated, or 1						e II, Type III
f	Enter	the number of supported o	organizations .]
g	Provi	de the following information	about the supp	orted organization(s).	·			
	(ı) Name	e of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)			,					
(C)							-	
(D)								
(E)								
T-4:				 		 		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 400,024 242,310 314,738 309,617 499,846 1,766,535 levied for revenues organization's benefit and either paid to or expended on its behalf . . . 0 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 242,310 314,738 400,024 309,617 499,846 1.766,535 The portion of total contributions by each person (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 574,337 Public support. Subtract line 5 from line 4 1,192,198 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 242,310 314,738 400.024 309.617 499,846 1,766,535 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 25 Net income from unrelated business activities, whether or not the business is regularly carned on 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 Total support. Add lines 7 through 10 11 1,766,660 Gross receipts from related activities, etc. (see instructions) 399 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) Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 87 % Public support percentage from 2017 Schedule A, Part II, line 14 331/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/2% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/2% 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 b 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part	III Support Schedule for Organiza	ations Desc	ribed in Sect	ion 509(a)(2)	1		
	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please c	omplete Part	II.)	
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees					-	
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities				/	·	
	furnished in any activity that is related to the						_
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf			,	/] : :
5	The value of services or facilities			,			
	furnished by a governmental unit to the organization without charge						,
6	Total. Add lines 1 through 5			,	1		
7a	Amounts included on lines 1, 2, and 3			1			·
	received from disqualified persons .						
b	Amounts included on lines 2 and 3			/			
	received from other than disqualified		/	1			
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		7				
8	Public support. (Subtract line 7c from line 6.)		/				
Secti	on B. Total Support		/	<u> </u>			
Caler	idar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		1		1	, ,	•
10a	Gross income from interest, dividends,		!				-
	payments received on securities loans, rents,		ì				
	royalties, and income from similar sources.	,			L	,	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	,					
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business	/	1				
	activities not included in line 10b, whether	/				i	
	or not the business is regularly carried on		ļ				
12	Other income. Do not include gain or						
	loss from the sale of capital assets	7 ,					
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	•			i		
14	First five years. If the Form 990 is for the	o organization	a's first sees	al shiral forms	or fifth toy w		= E01(a)(2)
1-4	organization, check this box and stop he	-					
Secti	on C. Computation of Public Suppor			<u></u>	• • • • •		· · • <u>L</u>
15	Public support percentage for 2018 (line 8			13 column (f)		15	%
16	Public support percentage from/2017 Sch					16	%
	on D. Computation of Investment Inc			· · · · ·		1	
17	Investment income percentage for 2018 (y line 13. colu	mn (f)	17	%
18	Investment income percentage from 2017					18	
19a	331/3% support tests-2018. If the organi						
	17 is not more than 331/3%, check this box						
b	33¹ര% support tests — 2017. If the organiz						
	line 18 is not more than 331/2%, check this b						
20	Private foundation. If the organization die	d not check a	box on line 14,	19a, or 19b, o	check this box	and see instruc	ctions 🕨 🗌

Part IV Supporting Organizations

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

	ion A. All Supporting Organizations		V	l Na
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
3a	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	3a		
С	organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3b 3c	_	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	48		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	-6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
. b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	_	\equiv

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			<u> </u>
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Coot	ion C. Type II Supporting Organizations			
3001	on C. Type II Supporting Organizations		Yes	No
4			105	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control]
	or management of the supporting organization was vested in the same persons that controlled or managed			ì
	the supported organization(s).	<u> </u>		
0 4		1		٠
Sect	on D. All Type III Supporting Organizations			
_	Below and the state of the stat		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nst <i>r</i> u	ctions	s).
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		`	
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			ī
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			l
	reasons for the organization's position that its supported organization(s) would have engaged in these			l
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
				- 1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
	······································	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	 Зь		
	orito supported organizations in Tres, I describe in Fart VI the fole played by the Organization in this regard,	ן עט ן	ı	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (exp	lain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	ions A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5	,	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	·	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	,	
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	*	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly inf	tegrated Type III supporti	ng organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D— Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	prted	
3	Administrative expenses paid to accomplish exempt purp			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			· · · · ·
10	Line 8 amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·		
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			l
f_	Total of lines 3a through e			Ī
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
<u>i</u>	Carryover from 2013 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			1
	Section D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015	<u>.</u>	· · · · · · · · · · · · · · · · · · ·	
c	Excess from 2016		 · · - · · · · · · · · · · · · · · 	ĺ
d	Excess from 2017			
е	Excess from 2018		٠	

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

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Employer identification number

	/a International, Inc.					68-0434770
Par	General Information Form 990, Part IV, line		ties Outside	the United States. Com	plete if the organization	on answered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistan	es' eligibility		ts or assistance, and the s		to
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorin	g the use of its grants	and other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	al space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	expenditures for
(1)	South-Asia	0	. 0	grants to recipients		188,128
(2)	East-Asia and Pacific	0	0	grants to recipients		256,370
(3)	Sub-Saharan Africa	0	0	grants to recipients	,	98,300
(4)						
(5)						
(6)			_			
(7)						_
					· · · · · · · · · · · · · · · · · · ·	
(8)	·			,		
(9)					<u></u>	_
(10)						
(11)			_			
(12)	· · · · · · · · · · · · · · · · · · ·					
(13)	<u>-</u> _		-			
(14)						
(15)						
(16)						
(17)					ı	-
3a	Subtotal	0	0			640,798
	Total from continuation		<u></u>		**************************************	
	sheets to Part I	0	0			0
C	Totals (add lines 3a and 3b)	0	0	-		540,798

Par	t II Grants Part IV,	and Other A	ssistance to Org	anizations or Entiteceived more than	ies Outside the 5,000. Part II ca	United States. Con be duplicated if	omplete if the orga additional space is	nization answered "\ needed.	es" on Form 990
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			South-Asia	socio-econo develop	167,000	wire transfer	0		
(2)			South-Asia	school support	15,600	check/bank ATM	0		
(3)			East-Asia & Pacific	schools, housing	96,650	wire transfer	0		
(4)			Sub-Saharan Africa	school & orphans	214,685	wire transfer	0		
(5)	····		Sub-Saharan Africa	school & orphans	23,700	wire transfer			
(6)			Sub-Saharan Africa	school & orphans	17.100	wire transfer			
(7)									
(8)									
(9)			_		_				
(10)									
(11)			'						
(12)							<u> </u>		
(13)									
(14)		-							
(15)									
(16)									
2	by the IRS, o	r for which the	grantee or counsel	ted above that are rec has provided a section	501(c)(3) equival	ency letter			6
3	Enter total nu	ımber of other	organizations or ent	ıties		<u> </u>	<u> </u>	<u>></u>	0

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)			_				
(5)							
(6)							
(7)	-						
(8)							
(9)							
(10)							
11)							
(12)							
(13)							
(14)							
(15)	-						
16)							-
(17)							
18)				 		,	†

Part	IV Foreign Forms		
1 '	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization me be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts at Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	nd na	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect Certain Foreign Corporations (see Instructions for Form 5471)	To _	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 862 Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Election Fund (see Instructions for Form 8621)	?1, ng	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certa Foreign Partnerships (see Instructions for Form 8865)	nin _	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? "Yes," the organization may be required to separately file Form 5713, International Boycott Report (so Instructions for Form 5713; don't file with Form 990).	ee _	☑ No

Schedule F (Form 990) 2018

•	_	_	_	_	_	٠.	• • • • • • • • • • • • • • • • • • • •	 -,		•
_							_		_	

Part V Supplemental Information

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

Part I, line 2: Monitoring of the use of grants is accomplished by:
(i) Periodic written reports of program accomplishments and summary of fund expenditures
(II). Regular contact via e-mail, phone, skype or WhatsApp, of a Sahaya International officer, director or representative, to discuss and
monitor ongoing progress.
(iii). Periodic visits of a Sahaya international officer, director or representative to the program overseas to directly monitor the activities.
Part I, line 3, column (f). All amounts per region are expenditures to provide grants to NGO's to support them with their service activities and
are calculated based on the information summarized in Form 990, part iii, section 4. Except for a small amount of miscellaneous
expenses (such as bank charges to wire funds, credit card processing fees, postage, etc.), the largest expenditure consists of grants to the
NGO's. Their activities include orphan support programs, construction of simple homes for destitute families, scholarships for needy
students, socio-economic development via skill-training, the formation of self-help groups with micro-enterprises, disability rehabilitation
programs; HIV awareness and support/care programs; construction of schools
Part II, line 1: The organization uses the accrual accounting period. It sends cash grants via money wire to the foreign partner organizations
to support their programs.
······································

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2018

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

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

Open to Public Inspection

Employer identification number

Sahaya International, Inc.	68-0434770				
Form 990, Part III, line 4(e): Expenses of \$1,320, including grants of \$1,320:					
Dengue fever combat programs in the Philippines: educational campaigns to spread awareness of mosquito control measures.					
Form 990, part VI, Section B, line 12c: The Secretary-Treasurer and President monitor continuously the activities, and if in doubt of a conflict					
of interest, will bring this up to the board of directors for further discussion, clarification, and if necessary, action.					
Form 990, part VI, Section C, line 19: The organization's governing documents, conflict of interest forms, are on file in the organizations's					
office and are available for inspection. The financial statements are available on our website, on the external website Guidestar.org and					
upon request.					
······································					
	·····				
·					