SCANNED APR 1 5 2021

F	<b>990</b> Return of Organization Exempt From Income Tax											
	y January		Under section 501(c), 527, or 4	4947(a)(1) of the Internal R	levenue Code (	except private for	undations)	201	9			
•	-	·		Il security numbers on thi	•		•	Open to				
	rnal Revenu	the Treasury se Service		ov/Form990 for instruction		-		Inspec				
Ā	For the 2	2019 calend	ar year, or tax year beginning , 2019, and ending , 20									
В	Check if a	pplicable	C Name of organization Sahaya II	nternational, Inc			D Employ	er identification	number			
	Address c	hange	Doing business as			<del></del>	<b>_</b>	68-0434770				
	Name cha	inge	Number and street (or P O box if	one number								
$\sqcup$	Initial retui		1504 Portola Street	. <del> </del>		<u>L</u>		(530) 601-0890	)			
닏		n/terminated	City or town, state or province, co	ountry, and ZIP or foreign post	al code							
닏	Amended		Davis, CA 95616				G Gross re	<del></del>	733,467			
Ш	Applicatio	n pending	F Name and address of principal of	• •		$\sim$		subordinates? Y				
_	Tayloyem	nt etatus	1504 Portola Street, Davis, CA		7(a)(1) or 52	<del>1 1 2</del>		s included? [ Y				
<u> </u>	Tax-exem	▶ www.sa	✓ 501(c)(3) 501(c) (	) ◀ (insert no ) 494	7(a)(1) or 52	<del></del>		(see instructions	3)			
<u>ж</u>			Corporation Trust Associa	ation ☐ Other ►	L Year of for		M State of	f legal domicile	CA			
_	art I	Summai		mon [] Other	L Teal Of los	1333	IN State Of	regal dorniche				
			cribe the organization's miss	uon or most significant a	stivities: Saha	va International	Inc consis	sts of a netwo	rk of			
é	1		volunteer their time to build a	=		•						
ä	· -		n developing countries throug									
Ē	1 -		box ▶ ☐ if the organization	·					11111117			
Activities & Governance	1		voting members of the gove				3		15			
9	4 1	Number of	independent voting member	rs of the governing body	(Part VI, line	1b)	4					
ties	5 T	rotal numb	per of individuals employed in	n calendar year 2019 (Pa	art V, line 2a)		5		0			
ξ	6 7	rotal numb	per of volunteers (estimate if	necessary)			6		50			
Ą	7a ⊺	Total unrela	ated business revenue from I	Part VIII, column (C), line	<u> 12 .</u> .		7a		0			
	b 1	Net unrelat	ted business taxable income	from Form 980 Tilling	9	<u> </u>	7b		0			
				[ <del></del>		Prior Yea	ar	Current Ye	ear			
ē			ons and grants (Part VIII, line		o Sos		499,846		733,459			
Revenue	9 F	Program se	ervice revenue (Part VIII, line	APR. <b>2 9</b> . 202	u IXI		0		0			
Re			income (Part VIII, column (A		1021		4		8			
	11 0	Other rever	nue (Part VIII, column (A), line	s 5, 60 86 90 100, an	diffe)	<u> </u>	0		0			
_			ue-add lines 8 through 11 (n				499,850		733,467			
	i		I similar amounts paid (Part I			<del></del>	537,055		609,629			
	1	•	aid to or for members (Part IX				0		0			
Expenses	1		her compensation, employee l al fundraising fees (Part IX, c				0		0			
nec.			aising expenses (Part IX, col	• • •	1,378				0			
ŭ	1		enses (Part IX, column (A), lin-		1,370		6,989	<del></del>	29,461			
	I		nses. Add lines 13-17 (must		N). line 25) .		544.044		639,090			
	_		ess expenses. Subtract line 1		,		-44,194	<del></del>	94,377			
ъ ×						Beginning of Cur		End of Ye				
sets	20 T	otal asset	s (Part X, line 16)				70,801		165,178			
A Ass	21 T	otal liabilit	ties (Part X, line 26)				0		0			
Net Assets or Fund Balances	22 N	let assets	or fund balances Subtract li	ine 21 from line 20	<u></u>		70,801		165,178			
Pa	art II	Signatu	re Block									
Un tru	der penalti e, correct,	es of perjury, and complete	I declare that I have examined this representation of preparer (other than	return, including accompanying officer) is based on all informa	g schedules and s ition of which prep	tatements, and to th parer has any knowle	e best of my dge	knowledge and	belief, it is			
	T		11/10 Day 12				4/251	20				
Sig	an	Signatu	ure of officer			Date						
He	- 1			MPAY , SECRET	ARY-TREAS	SUPER						
		<del>/                                    </del>	r print name and title	Proporario ara-atrica		Date		l <sub>if</sub> PTIN				
Pa	id	FillUType	preparer's name	Preparer's signature		Date	Check self-emplo	" (				
	eparer	E-main man	no <b>b</b>			L	s EIN ▶	<del>-</del>				
Us	e Only	Firm's nam				Phor						
Ma	v the IRS	Firm's add	ress return with the preparer s	shown above? (see instr	uctions)	Filor		Yes	□No			
_			ion Act Notice, see the separa			nt No 11282Y	<del>· · ·</del>		90 (2019)			
			ooo woo woo waa		O.			. 0,,,,	- (-0.0)			

Form 99	90 (2019) Page <b>2</b>
Part	III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Sahaya International consists of a network of friends who volunteer their time to build awareness and support of healthcare,
	education, environment 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
	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 \$ 354,400 including grants of \$ 353,244) (Revenue \$ 0)
<b>4</b> a	
	Africa (Kenya and Uganda), education and social support for orphan programs and schools through support to 4 NGO's in Kenya
	and 2 in Uganda, that work with underprivileged communities in poor slums and villages.
	This includes support to 5 schools (more than 1500 students), more than 100 orphans, ongoing construction of 2 school and
	orphan centers, community water and sanitation development program.
	•••••••••••••••••••••••••••••••••••••••
	***************************************
	•••••••••••••••••••••••••••••••••••••••
4b	(Code ) (Expenses \$ 189,361 including grants of \$ 186,884) (Revenue \$ 0)
	India: socio-economic development, education, health of underprivileged people, through support of several NGO's. This includes
	support to 4 schools (more than 600 children), orphan support programs (~260 children), HIV treatment (~ 200 people, including 35
	children and youth), disability programs, formation of women self-help groups with micro-financing (~500), vocational skill-training
	(~ 100 youth), screening of women for cervical cancer, mobile health clinics
	•
	/O-da. \/\(\( \( \) \\ \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \\ \( \) \\ \\ \( \) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
4c	(Code: ) (Expenses \$ 70,712 including grants of \$ 69,500) (Revenue \$ 0)
	Vietnam housing and education program, construction of simple houses for underprivileged families (almost 250 homes built so far),
	provision of tuition scholarship (~ 200 children and youth), construction of 3 bridges in rural villages to people easier access
	to towns and children easier access to schools. These programs are in the rural area of Kien Giang, Vietnam.
	······································
4d	Other program services (Describe on Schedule O.)
7-01	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 614,473

se ( 0

Part	Checklist of Required Schedules		,	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	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		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	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		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate	14a		✓
45	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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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		1
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
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		✓_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1

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	L	Ĺ
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	ļ
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		1
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		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	_	1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<b>1</b>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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	<b>Section 501(c)(3) organizations.</b> 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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	1	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1 1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	 		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		<b>✓</b>
b	If "Yes," enter the name of the foreign country ▶			i i
	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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			[]
_	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
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		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>✓</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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		L
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u></u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		j	
11	Section 501(c)(12) organizations. Enter:			ı İ
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
	against amounts due or received from them )			<sub> </sub>
	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041?	12a		L
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		i
	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		ļ	
	Enter the amount of reserves on hand	40		لب
14a	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 on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			,
	excess parachute payment(s) during the year?	_15_		✓,
	If "Yes," see instructions and file Form 4720, Schedule N.	<del></del> -		اــــا
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	_16		<b>/</b>
	If "Yes," complete Form 4720, Schedule O		i	

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ir	nstruc	
Sacti	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · ·                                  </u>	•	<u>. Ц</u>
Secti	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   15	;[	1.03	110
	If there are material differences in voting rights among members of the governing body, or	Ϊ '		
	if the governing body delegated broad authority to an executive committee or similar	1		
	committee, explain on Schedule O.		1	
b	Enter the number of voting members included on line 1a, above, who are independent .   1b   15	<u>,</u>		
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		
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		
4	supervision of officers, directors, trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<b>V</b>
6	Did the organization have members or stockholders?	6		7
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		_	
	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		<b>✓</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	$\overline{\checkmark}$	
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 the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		/
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	l	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>\</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>✓</b>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	1	ļ
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>
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		<b>√</b>
b	Other officers or key employees of the organization	15b		<b>✓</b>
	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		<u></u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			Ī
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	1.00		L
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.    Own website	,,,,,,		= - (-7
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	if inter	est n	olicy
	and financial statements available to the public during the tax year.			y,
20	State the name, address, and telephone number of the person who possesses the organization's books and re- Keep Van Rompay, 1504 Portola Street, Davis, CA 95616	Jurus		

_	-
Page	

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if heither the organization no	arry relate	u oig	ailiz			onpe	1130	Ted any current	I	or trustee.
		1			C) ation					
(A)	(B)	(do r	ot ch			e than c	one	(D)	(E)	(F)
Name and title	Average	box,	unles	s pe	erson	is both	an	Reportable compensation	Reportable compensation	Estimated amount of other
	hours per week			-		or/trust		from the	from related	compensation
	(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	emp High	Forme	organization	organizations	from the
	hours for related	를 를	Ĕ	Įά	E E	loye	ब्	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations	o al	mai		ğ	e con				
	dotted line)	Uste	٤		8	per				
	dotted line)	ď	stee			Highest compensated employee				
(1) Chung Truong	20						_	<del></del>	<del></del>	
Director		1			L		L	. 0	. 0	0
(2) Adele Moussas	11	ļ			1					
Director		✓			<u> </u>			0	0	0
(3) Marion Jenkins	11									
Director		1		L.				0	0	0
(4) Mary Philip	11				ĺ					
Director	<u> </u>	✓	L		_	L	L.	0	0	0
(5) Ríno Dizon	1	l	İ	l	l			ľ		
Director		✓_			<u> </u>		L	0	0	0
(6) Danielle Newberry	11	1	}	}	1			ł		
Director	<u></u>	✓			_			0	. 0	0
(7) Jeff Vo	11		ļ	ļ			ļ.,			
Director		1		_	_			0	0	0
(8) Lonna Hampton	11									
Director	<u> </u>	✓	L_					0	0	0
(9) Ida-Maria Skavhaug	1	ļ								
Director	<u> </u>	1	Ĺ	<u> </u>	_			0	0	0
(10) Vinita Domier	11		İ							
Director		1		_	<u> </u>			0	. 0	0
(11) Paulina Zielinska	11		ŀ							
Director		1			_			0	0	0
(12) Cincin Young	20									1
Director	ļ	✓_						0	0	0
(13) Andy Lauer	15	ļ						'		
Director	ļ	1						0	0	0
(14) Leslie Anastassatos	11			1	1	[			,	
Director	<u> </u>	<b>✓</b>	L	<u> </u>	L_			0	0	0

Pare	Section A. Officers, Directors,	rustees,	key i	Em	DIO.	<u>yee</u>	s, an	ia r	lignest Compe	nsated Empl	oyees	continue	g)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	office Individua	unles	Pos neck ss pe	rson Irect	than the both Highest compensated employee	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	con	(F) ated amount of other npensation rom the nization and organization	
		dotted line)	8	stee			nsated						
(15)	Roopa Mukund	1	_				_ <del></del>				<u> </u>		_
Director (16)	or Ramın Yazdanı	8	<b>✓</b>	-	-			-	0		0		0
Presid					1				o		0		0
	Koen Van Rompay	30			,						_		_
(40)	ary/Treasurer			-	/			-	0		D	<del></del> -	0
						_	L	<u> </u>			ļ		_
(19)		 											
(20)				-				-					_
(21)													_
(22)			-					 			<del>                                     </del>		_
(23)													_
(24)						-							_
(25)								_			<del>                                     </del>		
1b	Subtotal			<u> </u>	<u>.                                    </u>	L	<u> </u>	<b>&gt;</b>	0				0
C	Total from continuation sheets to Part							<b>•</b>	0		0		0
d	Total (add lines 1b and 1c)							e) w	ho received more	e than \$100 000	) ) of		0
	reportable compensation from the organi								0				
3	Did the organization list any former of employee on line 1a? If "Yes," complete s										d	Yes No	<u>'</u>
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep	portal	ble (	com	per	nsatio	n a	nd other comper	nsation from the	ካ		
_	Individual		,							· · · · ·	. 4		7
5	for services rendered to the organization										5	<b>√</b>	_
	on B. Independent Contractors											100 000	_
1	Complete this table for your five high compensation from the organization. Repo												
	(A) Name and business add		_		_		_		(B) Description of serv		(C) Compen		_
None													_
	·			_			-	ļ					_
					_			-					-
													_ _
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed above	e) who			

	990 (201								Page 9
Par	t VIII				an or note to ar	v lina in thia Di	~ · • • • • • • • • • • • • • • • • • •		
		Check if Schedule	O contains a re	espon	ise or note to ar	<del></del>			<u> </u>
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							function revenue	business revenue	from tax under sections 512-514
<u> </u>	1a	Federated campaig	ns	1a	0		<del> </del>	<u> </u>	<del> </del>
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b	0				
ع ق	С	Fundraising events		1c	0				
fts, r A	d	Related organization		1d	0		ĺ		ľ
<u> </u>	е	Government grants		1e	0				
Sin	f	All other contribution	ns, gifts, grants,				1		İ
iğ iş		and similar amounts no	ot included above	_1f	733,459				
<u>ē</u> \$	g	Noncash contribution					l		
Cont		lines 1a-1f		1g					j
O B	h	Total. Add lines 1a-	<u>-1f</u>	<u> </u>		733,459			
4	Ì				Business Code				
<u>Ş</u>	2a				0		0	0	)
Le je	b								
yram Sen Revenue	C						ļ <u></u>		<del></del>
e z	d					<u> </u>	ļ		
Program Service Revenue	-						<del>                                     </del>		ļ
۵	f	All other program se			. •		-		<del> </del>
	g	Total. Add lines 2a-				0		<del></del>	
	3	Investment income other similar amoun				8	8	0	}
	4	Income from investr					<del></del>		<del> </del>
	5			· · · · · · · · · · · · · · · · · · ·			<del> </del>	0	
	•	nojamoo	(i) Real		(ii) Personal		<u>-</u>		`
	6a	Gross rents	6a	0	0				]
	b	Less: rental expenses	<del></del>	0	0				
	С	Rental income or (loss)	<del></del>	0	0				
	d	Net rental income of	(1)		•	0	0	0	(
	7a	Gross amount from	(i) Securit	ies	(ii) Other				
		sales of assets							
	}	other than inventory	7a	0	0				
Ę	b	Less: cost or other basis							ł
ē		and sales expenses	7b	0					
Revenue	С	Gain or (loss)	7c	0	0				
	d	Net gain or (loss)		·	· · · · · · · · · · · · · · · ·	0	0	0	
Other	8a	Gross income troi	•				ļ		
O		events (not including					]		
		of contributions rep		   u_				-	
	h	Less: direct expense		8b	0		1		
	1	Net income or (loss)			0 nts ▶			0	
	1			g eve	inis P	<u>_</u>	<del> </del>		
	9a	Gross income f activities. See Part I		9a					
	ь	Less direct expense		9b	0				
		Net income or (loss)		_		0	0	0	
	1	Gross sales of in	_			×			<del> </del>
	.00	returns and allowan		10a	o				
	ь	Less: cost of goods		10b	o o				
		Net income or (loss)				0	0	0	
<u>v</u>	<u> </u>		· · E.E · E.E.		Business Code			<u>_</u>	<u> </u>
scellaneous Revenue	11a	None							
evenue	b								
e e E	C								
သို့ ဇိုင်	l 4	All other revenue							

733,467

e Total. Add lines 11a-11d .

Total revenue. See instructions

12

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp			must complete colu	ımn (A).
	Check if Schedule O contains a response	e or note to any line	e in this Part IX .	<u> </u>	<u> </u>
	ot include amounts reported on lines 6b, 7b, o, 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			<del></del>	
	and domestic governments. See Part IV, line 21 .	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0	<u> </u>	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	609,629	609,629		
4	Benefits paid to or for members	009,029	003,029		
5	Compensation of current officers, directors, trustees, and key employees	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).	0	0	0	
7	Other salaries and wages	o o	0	0	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	ol	o	o	o
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (nonemployees):				
а	Management	0	0	0	0
þ	Legal	0	0	0	0
С	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column	_			_
40	(A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12 13	Advertising and promotion	35 990	0	0	35
14	Office expenses	881	0	318 881	672
15	Royalties	0		0	0
16	Occupancy	- 0	0		
17	Travel	3,029	3,029		
18	Payments of travel or entertainment expenses				<del></del>
	for any federal, state, or local public officials	o	o	o	0
19	Conferences, conventions, and meetings .	0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	0	0	0	0
24	Other expenses Itemize expenses not covered			j	İ
	above (List miscellarieous expenses on line 24e If				
	Inne 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		·		
а	Credit card service charges on contributions	543	0	0	543
b	Bank charges (wire transfer, miscellaneous)	2,049	1815	204	30
C	Production of documentary	21,500	0	21,500	0
d	Subscription and registration fees	336	0	336	0
	All other expenses Miscellaneous	98	0 0 1 1 7 0	0	98
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	639,090	614,473	23,239	1,378
20	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 Par	t X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	8,440	1	27,786
	2	Savings and temporary cash investments	62,361	2	137,392
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from 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	0	5	0
	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) .	0	6	0
Assets	7	Notes and loans receivable, net	0	7_	0
SSE	8	Inventories for sale or use	0	8	0
₹	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0			j
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments – publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	70,801		165,178
	17	Accounts payable and accrued expenses	0		0
	18	Grants payable	0		0
	19	Deferred revenue	0	$\overline{}$	0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
ies	22	Loans and other payables to any current or former officer, director,		:	1
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0		0
_	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0	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	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
nces		Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33.			
ılar	27	Net assets without donor restrictions	0	27	0
B	28	Net assets with donor restrictions	70,801	28	165,178
Net Assets or Fund Bala		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ā	32	Total net assets or fund balances	70,801	32	165,178
ž	33	Total liabilities and net assets/fund balances	70,801		165,178
					50m QQQ (2010)

Form **990** (2019)

Form 9	90 (2019)			Pa	age <b>12</b>
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u> </u>	<u>. 🗆</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		73	33,467
2	Total expenses (must equal Part IX, column (A), line 25)	2		63	39,090
3	Revenue less expenses. Subtract line 2 from line 1	3			94,377
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		7	70,801
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	-			
	32, column (B))	10		16	35. <u>178</u>
Par	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·	· · ·		<del></del> _
	According to the decoration of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the C			Yes	NO
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," e. Schedule O.	xpiain ii	n		
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<b>-</b>
Za	If "Yes," check a box below to indicate whether the financial statements for the year were con				-
	reviewed on a separate basis, consolidated basis, or both.	ipiied 0	"		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		7
-	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted on a	a		<u> </u>
	separate basis, consolidated basis, or both:		_		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		j		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsiaht o	of I		
•	the audit, review, or compilation of its financial statements and selection of an independent accounta		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex		n 🗀		
	Schedule O	•			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in the	e		
	Single Audit Act and OMB Circular A-133?		3a	L	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo the	e		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .	3b		

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.

► 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	ame of the organization Employer identification number									
Sahaya International						34470				
	Public Charity Status (					ons.				
The organization is not a pri 1	ivate foundation because ion of churches, or associa	•		-	•	. 11				
	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))									
	perative hospital service of					0'				
hospital's name, ci	4 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:									
	perated for the benefit of A)(iv). (Complete Part II)	a college or university	owned or	operate	ed by a government	al unit described in				
7 An organization th	local government or gove at normally receives a sul on 170(b)(1)(A)(vi). (Comp	ostantial part of its sup				n the general public				
8 🔲 A community trust	described in section 170	(b)(1)(A)(vi). (Complete	Part II.) '							
or university or a neuron	earch organization describ on-land-grant college of a	griculture (see instruction	ons). Enter	r the nan	ne, city, and state of	the college or				
receipts from activ support from gross acquired by the org	at normally receives. (1) m ities related to its exempt s investment income and i ganization after June 30, 1	functions—subject to c unrelated business taxa 975. See <b>section 509(</b> a	ertain exc ble incom a)(2). (Con	eptions, e (less se aplete Pa	and (2) no more tha ection 511 tax) from art III )	n 331/3% of its				
	ganized and operated exc									
	ganized and operated excl									
Check the box in lin	blicly supported organizat nes 12a through 12d that c	lescribes the type of sup	porting o	rganizati	on and complete line	es 12e, 12f, and 12g.				
the supported of	orting organization operation operation organization(s) the power fanization. <b>You must com</b>	to regularly appoint or e	elect a maj							
control or mana	porting organization supen agement of the supporting • <b>You must complete Par</b>	organization vested in	the same							
c Type III function its supported o	onally integrated. A supp	orting organization opei tions). <b>You must comp</b>	rated in co lete Part l	onnection IV, Secti	n with, and functions ons A, D, and E.	ally integrated with,				
that is not func	inctionally integrated. A stitionally integrated. The orge instructions). You must	ganization generally mu	st satisfy a	a distribu	ition requirement an					
	ıf the organızatıon receive egrated, or Type III non-fui					e II, Type III				
	supported organizations					· · [				
	information about the su									
(i) Name of supported organ	nization (ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the or listed in your docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
			Yes	No						
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

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 Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . 314,738 400,424 309,617 499,846 733,459 2,258,084 Tax revenues levied for the 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. . . . 314,738 400.424 309.617 499,846 733,459 2,258,084 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). 945,952 Public support. Subtract line 5 from line 4 1,312,132 Section B. Total Support (c) 2017 (d) 2018 (e) 2019 Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (f) Total Amounts from line 4 . . . . . . 314,738 400,424 309,617 499,846 733,459 2,258,084 Gross income from interest, dividends, 8 payments received on securities loans. rents, royalties, and income from similar sources . . . . . . . 30 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . 11 Total support. Add lines 7 through 10 2,258,114 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . 58 % 14 15 Public support percentage from 2018 Schedule A, Part II, line 14 . . . . . . . 15 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . . . . ▶ □ 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2018. 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

	le A (Form 990 or 990-EZ) 2019						Page <b>3</b>		
Part									
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.									
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	11.)			
	on A. Public Support				, <u></u>				
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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 7a	<b>Total.</b> Add lines 1 through 5								
14	received from disqualified persons .								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
С	Add lines 7a and 7b		/						
8	Public support. (Subtract line 7c from line 6.)	,		\					
Secti	on B. Total Support	<u> </u>		'\	L				
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest, dividends,								
	payments received on securities loans, rents, royalties, and income from similar sources.								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
С	Add lines 10a and 10b			\					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)								
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						·		
14	First five years. If the Form 990 is for the organization, check this box and stop her					ear as a sectio			
Secti	on C. Computation of Public Suppor								
15	Public support percentage for 2019 (line 8	<del></del>		13, column (f))		15	%		
16	Public support percentage from 2018 Sch			<u></u>	<u> </u>	16	%		
Secti	on D. Computation of Investment In								
17	Investment income percentage for 2019 (	line 10c, colum	n (f), divided b	oy line 13, colu	mn (f))	17	%		
18	Investment income percentage from 2018					18	%		
19a	331/3% support tests—2019. If the organi								
b	17 is not more than 33½%, check this box 33½% support tests—2018. If the organiz line 18 is not more than 33½%, check this b	ation did not ch	neck a box on	line 14 or line 1	19a, and line 16	is more than 3	3 <sup>1</sup> /3%, and		
20	Private foundation. If the organization de					X.	_		
_20	Titale roundation. If the organization of	a not theth at	70 X 011 III 16 14	, 10a, 01 100, t	ALOOK HIIS DUX	and see mound	7.10113 E		

# Part IV

# **Supporting Organizations**

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

Section	A. All	Suppor	ting Org	anizatio	ns	

		_	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2 3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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 <b>Part VI</b> 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 <b>Part VI</b> , 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		
с 6	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	5c		
	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? <i>If "Yes," provide detail in Part VI.</i>	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 <b>Part VI.</b>	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 <b>Part VI</b> .	9b		
С	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 <b>Part VI.</b>	9c		
0a	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.)	10a	_	

'n.		41.	A /I		990		200	· C7	201	_
3	:nei	aute	Αu	-om	. 99D	or	991	J-F/1	201	9

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		-
	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.  on B. Type I Supporting Organizations	11c	L	
<u>3ecu</u>	on b. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	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			Ţ
	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		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	ـــــــــ		
000.	on biran type in supporting significations		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		
Socti	on E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in		ctions	-)
' 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.			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	see ins	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			_
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			j
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1 1	l	1
	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			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<u> </u>		
^		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			- 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>			
L		Sa		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h		

instructions)

Port V. Type III Non Experience by Interpreted 500(a)(2) Companying One		i-atio-a	
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	_		
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Secti	
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	1	
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		
e Discount claimed for blockage or other		<del></del>	
factors (explain in detail in Part VI):	1		<u> </u>
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,	Π		
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		<u> </u>
7 Check here if the current year is the organization's first as a non-functional	v int	tegrated Type III supporting	organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	izations (continued)						
Sect	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								
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations						
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)	··· <del>·</del>							
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 which	th the organization is res	sponsive						
	(provide details in Part VI). See instructions.			_					
9	Distributable amount for 2019 from Section C, line 6								
_ 10	Line 8 amount divided by line 9 amount								
Secti	ion E—Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019					
_ 1	Distributable amount for 2019 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in <b>Part VI</b> ). See instructions.								
3	Excess distributions carryover, if any, to 2019		·						
a	From 2014			<u></u>					
b	From 2015 .								
C_	From 2016								
d	From 2017								
е	From 2018								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2019 distributable amount								
i	Carryover from 2014 not applied (see instructions)								
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2019 from								
	Section D, line 7:								
a									
b									
с	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			,					
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.								
7	Excess distributions carryover to 2020. Add lines 3j and 4c.								
8	Breakdown of line 7:								
a	Excess from 2015			· <u></u>					
	Excess from 2016								
c	Excess from 2017			·					
d	Excess from 2018								
е	Excess from 2019			-					
	EVOCOO HOIII EO 10	<u> </u>							

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.)
•	
	,
••	

### **SCHEDULE F** (Form 990)

## Statement of Activities Outside the United States

2019 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 15, or 16.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization Employer Identification number Sahaya International, Inc 68-0434770 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ✓ Yes □ No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total employees, agents, and region (by type) (such as, fundraising, program services, a program service, describe specific type of expenditures for and investments of offices in the region independent contractors investments, grants to recipients (located in the region) service(s) in the region in the region in the region (1) Sub-saharan Africa 0 0 grants to recipients 354,400 (2) South Asia 0 0 grants to recipients 189,361 (3) East-Asia and Pacific 0 0 grants to recipients 70,712 (4)(5) (6)(7) (8) (9)(10)(11) (12) (13) (14) (15) (16)(17)За Subtotal 0 0 614,473

0

0

0

Total from continuation sheets to Part I . . .

c Totals (add lines 3a and 3b)

0

614,473

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		_	South-Asia	Socio-econ develop	149,200	wire transfer	0		
(2)			South-Asia	School support	13,500	check/ bank ATM	o		
(3)				Women health clinic		wire transfer	0		
(4)			East-Asia & Pacific	Education, housing	69,500	wire transfer	0		 
(5)			Sub-Saharan Africa	Education, school	308,200	wire transfer	0		
(6)			Sub-Saharan Africa	Education	19,150	wire transfer	0		
(7)			Sub-Saharan Africa	Socio-econ develop	20,950	wire transfer	0		
(8)									
(9)									<del></del>
(10)									
(11)									
(12)									<u> </u>
(13)									
(14)									
(15)								·	·
(16)		<u></u>							
2	by the IRS, or	for which the	grantee or counsel h	ed above that are rec has provided a section			ntry, recognized as ta	ax-exempt ►	7
_3	Enter total nur	mber of other	organizations or enti	ities	<u> </u>	<u> </u>	<u> </u>	<u>&gt;</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)							<u> </u>
(8)							ļ
(9)							
(10)							
(11)							
(12)							
(13)							
(14)			·				
(15)			·		_		
(16)							
(17)							
(18)			·				

	<u></u>		
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)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	☐ Yes	☑ No

# Part V

### **Supplemental Information**

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

Part I, line 2 <sup>-</sup> 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 programs
(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, constructions 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.

2019 ► Attach to Form 990 or 990-EZ.

Open to Public

Employer identification number

68-0434770

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Sahaya International, Inc.

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

Inspection

Form 990, part VI, Section B, line 11b: Form 990 is presented to the board of directors for review prior to filling. The finances of the fiscal
year are presented to the board of directors and discussed at the annual board meeting prior to filing Form 990
Form 990, Part VI, Section B, line 12c. The Secretary-Treasurer and President monitor continuously the activities, and if in doubt or a conflict
or 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'
office and are available for inspection. The financial statements are available on our website, on the external website www.guidestar.org, and
upon request
· · · · · · · · · · · · · · · · · · ·