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990

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2015

Department of the Treasury

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

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

nation about Form 990 and its instructions is at wo

Open to Public

Inten	nal Re	evenue	Service	► Informati	on about Form 990 a	ina its instruct	ions is	at www.irs.go	ov/torms	190.		l Hist	pection
<u>A</u>	For	the 2	2015 calend	lar year, or tax year begin				, 2015, and e	nding			, 20	
В	Chec	ck if app	dicable	C Name of organization Sewa	International	Inc					□	Employer ider	itification no
	Addr	ess cha	ange	Doing business as							2	0-063871	.8
	Nam	e chan	ge	Number and street (or P O bo	x if mail is not delivered to si	treet address)			Room/s	uite	E	Telephone num	nber
	Initia	l retum	1	1712 HWY 6 S					A		- 1 (713)244-	4992
	Final	l retum/	/terminated	City or town, state or province	, country, and ZIP or foreign	postal code						2,334,	944
ñ	Ame	nded re	etum	Houston, TX 77	077						G	Gross receipts	\$
ñ			pending	F Name and address of principal					T				·
			pomenny						H(a)	Is this a gr subordinat	oup return	for	Yes X No
	Tava	exempt	t status X	501(c)(3) 501(c) () ◀ (insert no)	4947(a)(1) or	527		Н(b)				=
-		site		w.sewausa.org) 4 (moditino)	45 17 (0)(1) 01	<u> </u>		H(c)	If "No	," attach a	Included?	ctions)
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	## K 3				on or most significant	cotuutos G	TOTAL T		NIAT T	C 3 E3	TOU D	ACED CU	DITTY
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Activities & Governance	1	_		S STATES.									
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es				ndependent voting member	•	• •	1 b) .	CE:	133	. ;	4		5
Ĭ	1	5 7	Total numbe	er of individuals employed in	n calendar year 2015 (Part V, line 2a)	▎┌┈		· (Sea/	⊸⇔'	5		3
Ş				er of volunteers (estimate if	• •		384	NOV 9 1	00.0	191	6		1,500
•		7 a 7	Total unrelat	ted business revenue from	Part VIII, column (C), I	line 12	80	MÁ Š Ĭ	2016.		7a		0
		1 d	Net unrelate	ed business taxable income	from Form 990-T, line	34	. [1231	7b		0
							(J. 1. 2. 1. 2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.		rior Year		Current	Year
	- {	8 (Contributions	s and grants (Part VIII, line	1h)	4			, mg 1	<u>1,</u> 031	.,752	2,	303,312
Jue		9 F	Program ser	rvice revenue (Part VIII, line	e 2g)								0
Revenue	•	10 I	nvestment i	income (Part VIII, column (/	A), lines 3, 4, and 7d)						29		1,693
8	•	11 (Other reveni	ue (Part VIII, column (A), lii	nes 5, 6d, 8c, 9c, 10c,	and 11e) .				22	498	_	29,939
	-	12 7	Total revenu	ue - add lines 8 through 11	(must equal Part VIII, o	column (A), line	12)			1,054	.,279	2,	334,944
	7	13 (Grants and	similar amounts paid (Part	X, column (A), lines 1-	-3) .				727	,122	1,	108,401
	.	14 E	Benefits paid to or for members (Part IX, column (A), line 4)										0
	•	15 9	Salaries, oth	ner compensation, employe	e benefits (Part IX, col	lumn (A), lines 5	5-10)		71,1			-	77,062
ses	1.	16a F	Professional	I fundraising fees (Part IX,	column (A), line 11e)								
Expenses		b 1	Total fundra	ising expenses (Part IX, co	lumn (D), line 25)		10	1,285	-				
X	`\.			nses (Part IX, column (A), li	` ' -					183	,139		295,178
	- 1		· ·	ses Add lines 13-17 (must							,407	1.	480,641
			•	ss expenses Subtract line	•						872		854,303
	-	-					_		Beginnin	g of Current		End of	
Net Assets or	ğ .	20 7	Total assets	s (Part X, line 16)							,880		,695,347
Ass	8			es (Part X, line 26)				Ì			,836		0
Q ž	֡֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓			or fund balances Subtract	line 21 from line 20			Ť			,044	1.	,695,347
	art			ure Block									
Und	er per	naities	of perjury, I dec	clare that I have examined this retu	m, including accompanying s	schedules and state	ments, ar	nd to the best of my	knowledge	e and belief,	ıt ıs		
true.	corre	ect, and	complete Dec	claration of preparer (other than offi	cer) is based on all information	on of which prepare	r has any	knowledge				- 	
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Ma	v the	IRS	discuss this	s return with the preparer s		ructions)							X No

Pa	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
	SEWA INTERNATIONAL IS A FAITH BASED CHARITY THAT SERVES REGARDLESS OF RACE, COLOR, GENDER &
	NATIONAL ORIGIN. MISSION IS TO "SERVE HUMANITY IN DISTRESS", AID LOCAL COMMUNITIES AND
	PROMOTE VOLUNTEERISM. SEWA HAS 38CHAPTERS IN 22 US STATES.
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 \$ 1,310,973 including grants of \$) (Revenue \$)
	VARIOUS PROJECTS RELATED TO DISTRESS RELIEF WERE UNDERTAKEN BY THE ENTITY DURING THE YEAR.
	SUCH HUMANITARIAN EFFORTS WERE TO SUPPORT THE NATURAL DISASTER RELIEF THAT AFFECTED THE
	COMMUNITIES WORLD WIDE
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	VARIOUS PROGRAM EXPENSES RELATED TO DISTRESS RELIEF, REHABILITATION AND SUCH ACTIVITIES IN
	INDIA Sewa International is an organization run by dedicated volunteers, from all sections of
	the community. Mission is "Serving Humanity is Serving God". Sewa International funds and
	executes projects to serve the poor and underprivileged regardless of color, gender, religion
	and national origin.
4c	(Code ⁻) (Expenses \$ including grants of \$) (Revenue \$)
	BHUTANESE REFUGEE EMPOWERMENT PROGRAM. THE ORGANIZATION RAISED FUNDS IN THE USA THROUGH
	FUNDRAISER CONDUCTED IN OVER 10 CITIES.
4d	Other program services (Describe in Schedule O)
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,310,973
EEA	Form 990 (2015)

20-0638718

Page 2

Form 990 (2015) Sewa International Inc

Part IV Checklist of Required Schedules

endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI 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 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 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 XIII d Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X 11d				Yes	No
2 Is the conganization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 In the conganization engage in dicties or inderct	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
3 Dit the organization reginge 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		complete Schedule A	1		
candidates for public office? If "Yes," complete Schedule C, Part I Section 51(k)(3) organizations. Dot 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 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 86-1891 If "Yes," complete Schedule C, Part III 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 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 II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 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 comiseling, debt management, credit repair, or debt negotians services? If "Yes," complete Schedule D, Part IV Did the organization inservices or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "yes," complete Schedule D, Part V Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V VII Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V VII Did the organization report an amo	2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 2	X	
4 Section 501(c)3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If Yes," complete Schedule C, Part II 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 98-197 If Yes," complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If Yes," complete Schedule D, Part II 7 Did the organization revenue hold at conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes," complete Schedule D, Part II 9 Did the organization maintain maintain collections of works of art, historical treasures, or other similar assets? If Yes," complete Schedule D, Part II 10 Did the organization membra the Istory In Part X, Inte 21, for secrow or custodial account flabibity, serve as a custodian for amounts not Istory In Part X, Inte 21, for secrow or custodial account flabibity, serve as a custodian for amounts not Istory In Part X, Inte 21, for secrow or custodial account flabibity, serve as a custodian for amounts for through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If Yes, "complete Schedule D, Part VI 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 VI 11 If the organization seport an amount for investments - other securities in Part X, line 10? If Yes," complete Schedule D, Part VI 12 Did the organizati	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 8 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 9 Did the organization manifaction collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 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 is not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part SVI, VII, VIII, KII, X, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 If X 12 Did the organization report an amount for investments - program related 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 11 If X 13 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of this total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X 14 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of this total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11 X 15 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of this total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 A X 11 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of this total					
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Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
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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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? 14a X 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 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 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 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 X 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
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assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16				_
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)			16		x
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	- · · · · · · · · · · · · · · · · · · ·			
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
		Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
If "Yes," complete Schedule G, Part III	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		<u> </u>

Form 990 (2015) Sewa International Inc 20-0638718 Page 4 Part IV Checklist of Required Schedules (continued) No Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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 Х 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Х 24a through 24d and complete Schedule K. If "No," go to line 25a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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? 25b Х 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 Χ 26 disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . Was the organization a party to a business transaction with one of the following parties (see Schedule L. 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . Х 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Schedule L, Part IV . . 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 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b Х controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Х 36 related organization? If "Yes," complete Schedule R, Part V, line 2 . . . Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

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

X

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Form 990 (20	O(15) Sewa International Inc	Sewa International Inc						
Part V	Statements Regarding Other IRS Filings and Tax Complia	ance	 -					
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u> </u>	<u> </u>				
				Yes	No			
1a Enter	the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	ď					

	Check if Schedule O contains a response or note to any line in this Part V	•	···	
	E. W. Characteristic Bay 2 of Form 4000 Fator 0 of not applicable	,	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the heart of the state of			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	Х	
٥-	reportable gaming (gambling) winnings to prize winners?	"		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
		2b	Х	İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	Λ	
2-		3a		х
3a 	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		х
.	If "Yes," enter the name of the foreign country			
U	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<u> </u>
	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		X
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		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		х
^	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u>.</u>	X
b 10	Section 501(c)(7) organizations. Enter	55		
а	Initiation fees and capital contributions included on Part VIII, line 12			-
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		1
11	Section 501(c)(12) organizations. Enter.	1		1
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	}		ŀ
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ.,	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O			1
þ	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans	-[1
С	Enter the amount of reserves on hand	<u> </u>	ļ	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000 /	2045
EEA		rorm	1 22U (2015)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

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

	Check if Schedule O contains a response or note to any line in this Part VI			_ <u>&</u> _
Sec	tion 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			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			3.7
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			3,7
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		w
	one or more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			v
_	stockholders, or persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		v	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	ا ۾ ا		Х
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	1	V	
10-	Did the erganization have lead chapters, branches, or affiliates?	10a	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	IUa		
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	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
·	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
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		Х
b	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
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			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	•		
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Venkata Santhanarman (713)244-4992, 1712 HWY 6 S, Houston, TX 77077			

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20-Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees. Part VII **Independent Contractors**

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

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

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

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

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

		(C)								
(A)	(B)	Position				(D)	(E)	(F)		
Name and Title	Average	,	(do not check more than one box, unless person is both an officer and a director/trustee)			١	Reportable	Reportable	Estimated	
	hours per week (list any	office					compensation from	compensation from related	amount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Ramesh Bhutada	5.00									
Director	_	Х							d <u>o</u>	0
(2) Radhesyam Dwivedi Director	2.00	х							0	0
(3) Manohar Shinde	5.00	1							9 3	
Director		Х							oo	0
(4) Sridhar Talanki	5.00									
Director	<u> </u>	Х					-		0	0
(5) Mukesh Goel Director	5.00	x					,		o 0	0
(6) Sree Sreenath CEO	40.00			X					a o	0
(7) Venkata Santhanarman CFO	5.00			Х					q o	0
(8) Arun Kankani SEC	10.00			х					a o	0
(9) SWADESH KATOCH AGT	5.00			X					o 0	0
(10)ASHWANI GARG VP ADMIN	5.00			х		-			o 0	0
(11)ANIL DESHPANDE VP MKTG N DEVELOPMENT	5.00			Х					a o	0
(12)SANDEEP KHAKEKAR VP ORGANIZATION	5.00			Х					a 0	0
(13)										=
<u>(14)</u>										

(A) Name and title	(B) Average hours per	(B) (do not c				an one		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
hours for 기 업립 제 원 중 마음 Tol the organiz								related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(15)										
(16)										
(17)										
(18)								 		
<u>(19)</u>										
(20)						_				
(21)				•			_			
(22)								!		
(23)										
(24)										
(25)										
1b Sub-total . c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)	on A	•					A A		0	0
Total number of individuals (including but not limited reportable compensation from the organization	d to those list		ve) v	who	rece	eived n	nore	than \$100,000 of	0	
 Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule. For any individual listed on line 1a, is the sum of reportanization and related organizations greater than 	r, or trustee, k J for such ind portable comp	ıvıdual pensatı	on a	ınd c	ther	comp	ens	ation from the		Yes No
 individual	 compensation	from a	iny u	ınrel	ated	I orgar				4 X
Section B. Independent Contractors								th \$400.00	0 -4	
 Complete this table for your five highest compensa compensation from the organization. Report compensation. 	•									
(A) Name and business address								(B) Description of		(C) Compensation
		-					_			
							_			
2 Total number of independent contractors (including received more than \$100,000 of compensation from			ose l	iste	ab	ove) w	/ho			

Page 9

Part \	/[]	Statement of Revenue	е	. –				
		Check if Schedule O contains	a response or	note to any line in th	s Part VIII	<u> </u>	•	
		•			(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
	•					exempt function revenue	business revenue	excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a					
our	b	Membership dues	1b	1				
A,G	С	Fundraising events	. <u>1c</u>]			
ar, lar	d	Related organizations .	1d	1	1			
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contribution						
tion er S	f	All other contributions, gifts, gra	I					
Sp. Sp.		and similar amounts not include	d above 1f					
a st	g	Noncash contributions included	ın lines 1a-1f \$					
<u> </u>	h	Total. Add lines 1a-1f		<u> ▶</u>	2,303,312			
				Business Code	<u> </u>			
ē	2a							
Ŗ	b							-
ح درو	C						<u> </u>	_
Sei	d							
Program Service Revenue	e	All altaneous annual an						-
5	!	All other program service revenu						
					1	·		
	3	Investment income (including div and other similar amounts)	ridends, interest	, . ▶	1,693	1,693		
	4	Income from investment of tax-e.			1,093	1,093		
	1	Royalties	xempt bond pro	•				1
	"	Troyandes	(ı) Real	(ii) Personal				
	6a	Gross rents .	(1) 1 1021	(ii) i discital	1			
	l	Less rental expenses .			1			
	l	Rental income or (loss)			1			
		Net rental income or (loss)			1			
		Gross amount from sales of	(i) Secunties	(II) Other				
	'-	assets other than inventory						
	b	Less cost or other basis						1
		and sales expenses						
	1	Gain or (loss)			}		: !	
ø		Net gain or (loss)	• •	•				
Other Revenu	oa	Gross income from fundraising events (not including \$						
Şe.		of contributions reported on line	1c)					
er F		See Part IV, line 18 .	a					
돌	Ь		b		1		İ	
	1	Net income or (loss) from fundra		•	1			
	1	Gross income from gaming activ	-					
			a					<u>‡</u>
	b	Less: direct expenses	b		1 :			‡
	c	Net income or (loss) from gamin	g activities .	•	[]		<u> </u>	
	10a	Gross sales of inventory, less						
		returns and allowances .	а]			
	b		b	, []			
	C	Net income or (loss) from sales	of inventory .	<u></u> ▶				
		Miscellaneous Revenue		Business Code	1			
	11a	EVENT TICKET SALES		900099	29,139	29,139		
	ь							
		MISC REVENUES		900099	800	800		
	1	All other revenue						<u> </u>
	1	Total. Add lines 11a-11d	•		29,939		<u> </u>	
	_12	Total revenue. See instructions		<u>.,,,</u>	2,334,944	31,632		q

20-0638718

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Fundraising Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 1,108,401 1,108,401 Benefits paid to or for members . 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages . . 7 68,557 68,557 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 8,505 8,505 Payroll taxes Fees for services (non-employees) Management Legal . 2,345 2,345 Accounting . Lobbying Professional fundraising services See Part IV, line 17 Investment management fees . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 29,497 29,497 5,914 5,914 12 Advertising and promotion 13 Office expenses 14 Information technology Royalties 15 16 Occupancy . 17 Travel 3,953 3,953 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) FREIGHT N DELIVERY 428 428 MISCELLANEOUS 477 477 1,668 HOTELS N MEALS 1,668 REPAIRS N MAINTENANCE 4,209 4,209 246,687 109,338 36,064 101,285 All other expenses 68,383 25 Total functional expenses. Add lines 1 through 24e 1,480,641 1,310,973 101,285 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1, Cash - non-interest-bearing 1,679,900 841,929 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 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 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less accumulated depreciation . . . 10b 10c 11 Investments - publicly traded securities . 11 15,447 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 842,880 16 1,695,347 17 Accounts payable and accrued expenses 1,836 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, iabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 26 Total liabilities. Add lines 17 through 25 1,836 26 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 466,861 27 520,433 28 Temporarily restricted net assets . . 374,183 28 1,174,914 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here

| and | complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 841,044 33 1,695,347 34 Total liabilities and net assets/fund balances 842,880 1,695,347

Form	1990 (2015) Sewa International Inc	20	1-063871	8	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		1	2,	334,	944
2	Total expenses (must equal Part IX, column (A), line 25)	[2	1,4	180,	541
3	Revenue less expenses. Subtract line 2 from line 1	[3		354,	303
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	[4		341,	044
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
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))		10	1,0	595,	347
Pa	rt 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 organization changed its method of accounting from a prior year or checked "Other," explain in		_			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	•		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
EEA				Form	990 (2	2015)

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.

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	ame of the organization Employer identification number													
Sew	a I	nternational Inc				_	20-06387							
Pa	rt l	Reason for Public Charity	y Status (All oi	rganizations must c	omplete	this part	.) See instruction	<u>ns.</u>						
The	orgai	nization is not a private foundation beca	ause it is (For lines	1 through 11, check only	y one box)								
1	\Box	A church, convention of churches, or	association of chur	ches described in sectio	n 170(b)(1)(A)(i).								
2	Ц	A school described in section 170(b)	(1)(A)(ii) . (Attach S	Schedule E (Form 990 or	990-EZ))									
3	Ц	A hospital or a cooperative hospital se	-			-								
4	Ш	A medical research organization opera	ated in conjunction	with a hospital described	l ın sectioi	n 170(b)(1)(A)(iii). Enter the							
		hospital's name, city, and state												
5	Ш	An organization operated for the bene		niversity owned or operat	ted by a go	vernment	al unit described in							
		section 170(b)(1)(A)(iv). (Complete F	•											
6		A federal, state, or local government of	_											
7	X													
_		described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8														
9	L	· · · · · · · · · · · · · · · · · · ·		• •			, -	S						
		receipts from activities related to its ex support from gross investment income	•	•	•	•								
		acquired by the organization after Jun		•		•	On businesses							
10	П	An organization organized and operat				•								
11		An organization organized and operat	•	• •			carry out the purpos	es of						
••		one or more publicly supported organi		·										
		the box in lines 11a through 11d that of		, , , ,										
	а	_					-	ng .						
	a U Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting													
		organization. You must complete			•		•••	v						
	b	Type II. A supporting organization			its suppoi	ted organi	zation(s), by having							
		control or management of the sup	porting organizatio	n vested in the same per	sons that o	control or r	nanage the supporte	d						
		organization(s) You must comp	lete Part IV, Section	ons A and C.										
	С	☐ Type III functionally integrated.	A supporting organ	nization operated in conn	ection with	, and func	tionally integrated wit	h,						
		its supported organization(s) (see	instructions) You	must complete Part IV,	Sections	A, D, and	E.							
	d	☐ Type III non-functionally integra	ated. A supporting	organization operated in	connection	n with its s	upported organization	n(s)						
		that is not functionally integrated.	The organization g	enerally must satisfy a di	stribution i	equiremer	nt and an attentivene	ss						
		requirement (see instructions). Yo	ou must complete	Part IV, Sections A and	d D, and P	art V.								
	е	☐ Check this box if the organization				a Type I,	Type II, Type III							
		functionally integrated, or Type III		tegrated supporting orga	nızatıon									
	f	Enter the number of supported organi			•									
	g	Provide the following information about			Γ			T						
	(1) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the o	rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see						
				above (see instructions))	docum	ent?	instructions)	instructions)						
					Yes	No								
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	103	110	-							
(A)														
(B)							1							
(C)														
(D)								-						
(D)														
(E)						ĺ								
(~ <i>j</i>					ļ	<u> </u>								
T-4			-											

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	don A. i abno oappoit						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	ınclude any "unusual grants ")	985,565	879,371	1,238,743	1,054,250	2,333,251	6,491,180
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	985,565	879,371	1,238,743	1,054,250	2,333,251	6,491,180
5	The portion of total contributions by						
	each person (other than a			I			
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount		1	****	1		
	shown on line 11, column (f) .						907,555
6	Public support. Subtract line 5 from line 4						5,583,625
	tion B. Total Support			- ··	·		
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	985,565	879,371	1,238,743	1,054,250	2,333,251	6,491,180
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						_
	sources		2,181	2,152	29	1,693	6,055
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						6,497,235
12	Gross receipts from related activities, etc. (s	ee instructions)				12	0,131,1233
13	First five years. If the Form 990 is for the organization, check this box and stop here	•		or fifth tax year as	a section 501(c)(3)	. ▶□
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2015 (line 6, o)	[14	85.94 %
15	Public support percentage from 2014 Sched						86.00 %
16a	33 1/3% support test - 2015. If the organization	ation did not check t	the box on line 13, a	and line 14 is 33 1/3	3% or more, check	this	
	box and stop here . The organization qualified	• • •				•	. ▶ 🏻
b	33 1/3% support test - 2014. If the organiza				33 1/3% or more,		
	check this box and stop here. The organiza						▶ □
17a	10%-facts-and-circumstances test - 2015.						
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact		=	·			
L							. ▶ ⊔
b	10%-facts-and-circumstances test - 2014.	=				€	
	15 is 10% or more, and if the organization m				•		
	Explain in Part VI how the organization mee				uaimes as a public	ıy	. \Box
18	supported organization				box and	•	▶ ⊔
							,
	instructions	<u> </u>	<u>. </u>	<u> </u>	<u> </u>		. 🟲 📙

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 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						
C	Add lines 7a and 7b .						
	Public support (Subtract line 7c from line 6)						
	ction B. Total Support				.,		
	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
l0a	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						
C	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)						
3	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the org organization, check this box and stop here	ganızatıon's first, s	second, third, fourth	n, or fifth tax year a	s a section 501(c)	(3)	▶□
Sec	ction C. Computation of Public Su						
5	Public support percentage for 2015 (line 8, co		-	f)) .	• •	. 15	%
6	Public support percentage from 2014 Schedu				•	16	%
	ction D. Computation of Investme		v	. (0)		14-	
17	Investment income percentage for 2015 (line		•	olumn (†))		17	<u>%</u>
18 19a	Investment income percentage from 2014 Sc 33 1/3% support tests - 2015. If the organization per more than 23 1/3%, check this box	ation did not check	k the box on line 14		·		<u>%</u>
b	17 is not more than 33 1/3%, check this box 3 33 1/3% support tests - 2014. If the organization 18 is not more than 33 1/3%, check this box 3 1/3%, check this box 3 1/3%, check this box 3 1/3%.	ation did not check	k a box on line 14 c	or line 19a, and line	e 16 is more than 3	3 1/3%, and	▶□
20	line 18 is not more than 33 1/3%, check this be Private foundation . If the organization did not	•	-	•			▶ □
20	Filvate Touridation. If the Organization did no	OF CHECK & DOX OU	1116 14, 19a, 01 19	D, CHECK BIIS DOX 8	110 SEE 111SU UCUON	• •	<u> </u>

20-0638718

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. A	II Supporting	Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI 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.
- 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 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the 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.
- 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.
- 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or 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.
- 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.
- 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.
- 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.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
)			
i	3с		
	4a		
	4b		
	1		
	4c		
	5a		
	5b		
	5c		
	3		
		-	
	6		
	7		
	8		
	9a		
		.,.	
	9b		
		-	
	9c		
	. 30 .		
	10-		
	10a		
	406		Ī
	10b		L

	art IV 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)			
	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 V	I. 11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	1 1			
	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		
_	Did the constant of the bounds for the bounds of any overstand constant of the three the constant			
2				
	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,			
500	supervised, or controlled the supporting organization.	2		
<u>sec</u>	ction 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		162	140
1	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			
	the supported organization(s).	4		
Sec	ction D. All Type III Supporting Organizations			
OCC	Strong B. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			-110
-	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 ho			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	ļl	
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		
	ction E. Type III Functionally-Integrated Supporting Organizations			
		ee instru	ıction	ıs):
-	a 🔲 The organization satisfied the Activities Test. Complete line 2 below.			
a				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	atitus /a	inct	at. = = :
b c	 The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government e 	ntity (see	$\overline{}$	
ь с 2	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government e Activities Test. Answer (a) and (b) below.	ntity (see	instru Yes	ctions No
ь с 2	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government e Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	ntity (see	$\overline{}$	
ь с 2	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government e Activities Test. Answer (a) and (b) below. 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	ntity (see	$\overline{}$	
ь с 2	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government e Activities Test. Answer (a) and (b) below. 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,	ntity (see	$\overline{}$	
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b c 2 a b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government e Activities Test. Answer (a) and (b) below. 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. 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		$\overline{}$	
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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			instructions. All
	other Type III non-functionally integrated supporting organizations must com	plete	Sections A through E.	
Sect	tion 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			
col	llection of gross income or for management, conservation, or			
	aintenance 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		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ıns	structions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	actors (explain in detail in Part VI):	<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,			
se	e instructions).	4	<u> </u>	
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		,
Sec	tion 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			
_en	nergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	-integ	grated Type III support	ing organization (see
	instructions).			

Par	<u></u>	s) Supporting Organ	izations (continued)	
	tion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	tions		
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 which the	ne organization is respor	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b_				······
C				
	From 2013			
	From 2014 .			
	Total of lines 3a through e			······
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
i_	Carryover from 2010 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3ı from 3f			······································
4	Distributions for 2015 from Section			
	D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
_	and 4c	 		·
8_	Breakdown of line 7:			
a		 		
<u> </u>				
	Excess from 2013			
	Excess from 2014	<u> </u>		
е	Excess from 2015			

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organizations	. Complete Part III						
Nam	e of organization				Emple	oyer i	dentification n	umber
Se	wa International Inc				20-	0638	3718	
Pa	rt I-A Complete if the organ	ization is exempt under secti	on 501(c) or i	s a section	527	orga	nization.	
1	Provide a description of the organization's	s direct and indirect political campaign ad	ctivities in Part IV					
2	Political expenditures			•	▶ \$	§		
3	Volunteer hours							
Pa	rt I-B Complete if the organ	ization is exempt under secti	on 501(c)(3).					
1	Enter the amount of any excise tax incurr	·			▶ \$			
2	Enter the amount of any excise tax incurr	ed by organization managers under sect	ion 4955 .		▶ \$	5		
3	If the organization incurred a section 495	5 tax, did it file Form 4720 for this year?					. Yes	☐ No
4a	Was a correction made?						. 🗌 Yes	☐ No
b	If "Yes," describe in Part IV							
Pa	rt I-C Complete if the organ	ization is exempt under secti	on 501(c), exc	cept section	n 501	(c)(3	3).	
1	Enter the amount directly expended by th	e filing organization for section 527 exen	pt function					
	activities				▶ \$	 _		
2	Enter the amount of the filing organization	s's funds contributed to other organization	ns for section					
	527 exempt function activities .				▶ \$			
3	Total exempt function expenditures Add	lines 1 and 2 Enter here and on Form 1	120-POL,					
	line 17b				▶ \$	S		
4	Did the filing organization file Form 1120-	POL for this year? .					☐ Yes	☐ No
5	Enter the names, addresses and employe	er identification number (EIN) of all section	n 527 political org	anizations to w	hich the	e filing	9	
	organization made payments. For each o	rganization listed, enter the amount paid	from the filing orga	anızatıon's fund	s Also	enter	r	
	the amount of political contributions received		•					
	as a separate segregated fund or a politic	al action committee (PAC) If additional	space is needed, p	rovide informat	tion in I	Part I	<u>/</u>	
	(a) Name	(b) Address	(c) EIN	(d) Amount filing organ funds If none	ization's	5	(e) Amount of contributions rec promptly and delivered to a spolitical organization, enter	eived and directly separate zation If
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								

	dule C (Form 990 or 990-EZ) 2015 Sewa Internati				20-06387	
Pa	rt II-A Complete if the organization	is exempt u	nder section 50	1(c)(3) and file	d Form 5768 (elec	tion under
	section 501(h)).					
. (Check (if the filing organization belongs to a				ember's	
	name, address, EIN, expenses, and			•		
. (Check '▶			oly		
	Limits on Lobby	-			(a) Filing	(b) Affiliated
	(The term "expenditures" me				organization's totals	group totals
1a	Total lobbying expenditures to influence public opin			•		
b	Total lobbying expenditures to influence a legislative	e body (direct lob	obying)			
С	Total lobbying expenditures (add lines 1a and 1b)	•				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1c a					
f	Lobbying nontaxable amount Enter the amount fro	m the following to	ible in both			
,	columns					
	If the amount on line 1e, column (a) or (b) is:	1	nontaxable amoun	t is:		
	Not over \$500,000	+	nount on line 1e			
	Over \$500,000 but not over \$1,000,000	-	15% of the excess			
1	Over \$1,000,000 but not over \$1,500,000	· ·	10% of the excess	-		
	Over \$1,500,000 but not over \$17,000,000	· ·	5% of the excess or	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000	 -			
g	Grassroots nontaxable amount (enter 25% of line 1	•				
h	Subtract line 1g from line 1a If zero or less, enter -	0		•		
i	Subtract line 1f from line 1c If zero or less, enter -0)-	•			
j	If there is an amount other than zero on either line	1h or line 1ı, dıd t	he organızatıon file F	orm 4720		
	reporting section 4911 tax for this year? .	•		• •		Yes
		1-Year Averag	ing Period Under	section 501(h)		
	(Some organizations that made a se	-	•		II of the five colum	ns below.
	•		nstructions for li			
		<u>-</u>				
	Lobbyii	ng Expenditures	During 4-Year Ave	raging Period	1	
	Calendar year (or fiscal year	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
	beginning in)					
				<u> </u>		
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount					
	(150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

EEA

Schedule C (Form 990 or 990-EZ) 2015

га	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	iled I	orm	5768	Page :
		(a)	(b)	
	each "Yes," response to lines 1a through 1ı below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	Amount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local			······································	
	legislation, including any attempt to influence public opinion on a legislative matter or				
	referendum, through the use of:				
а	Volunteers?		Х		
þ	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	_	Х		
С	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		Х	·- ·-	
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?		Х		
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	Ì	х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	ĺ		•••••	
1 2	Were substantially all (90% or more) dues received nondeductible by members?			Yes 1 2	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		•	3	
Ра 1	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes." Dues, assessments and similar amounts from members				3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	•			
_	political expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b	·	
c	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
-	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
	and political expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, li e instructions), and Part II-B, line 1. Also, complete this part for any additional information	nes 1 a	and		

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2015

OMB No 1545-0047

Open to Public

Inspection

Name of the organization Employer identification number Sewa International Inc 20-0638718 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) R and section 170(h)(4)(B)(ii)? . ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Pa	rt III Organizations Maintaining C									ssets (conti	nued)_
3	Using the organization's acquisition, accession,	and of	ther rec	ords, o	check any	of the follow	wing that are a	a sıgnıfi	cant use of its		
	collection items (check all that apply)										
а	Public exhibition		d [] Loa	an or excha	ange progra	ams				
b	Scholarly research		е [] Oth	ner						
C	Preservation for future generations										
4	Provide a description of the organization's collection	tions a	and exp	olaın ho	ow they fur	ther the org	ganızatıon's ex	xempt p	ourpose in Part		
	XIII.										
5	During the year, did the organization solicit or re-							ılar			
	assets to be sold to raise funds rather than to be			as part	of the orga	anızatıon's	collection?			☐ Yes	☐ No
Pa	rt IV Escrow and Custodial Arrang	_									
	Complete if the organization an	swer	ed "Y	es" o	n Form	990, Par	t IV, line 9,	or re	ported an amo	unt on Form	1
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodian of	or othe	er intern	nediary	y for contri	butions or c	other assets n	ot		_	_
	included on Form 990, Part X?	•			•					☐ Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and	l comp	olete the	e follov	ving table:			_			
									Ar	mount	
С	Beginning balance					•		10			
d	Additions during the year							10	d		
е	Distributions during the year	٠			•			10			
f	Ending balance							11	<u> </u>		
2a	Did the organization include an amount on Form							-	•	∐ Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII Ch	eck he	ere if th	e expla	anation has	s been prov	/ided on Part)	XIII	<u> </u>		
Pai	rt V Endowment Funds.				_	000 5	. 13 4 12 4 4 4				
	Complete if the organization an										
		(a)	Current y	ear	(b) Pr	or year	(c) Two years	back	(d) Three years back	(e) Four year	s back
1a _	Beginning of year balance									_	
b	Contributions				ļ					-	
С	Net investment earnings, gains, and										
	losses						-				
a	Grants or scholarships										
е	Other expenditures for facilities and										
£	programs				 		<u> </u>				
· ·	Administrative expenses End of year balance		-			· .				-	
g 2	-		ad bala			(-)\ b -	 				
a	Provide the estimated percentage of the current Board designated or quasi-endowment	year e			ine ig, coil	umn (a)) ne	eid as				
a b	Permanent endowment > %			%							
C	Temporarily restricted endowment		%								
·	The percentages in lines 2a, 2b, and 2c should e	nual 1	_								
3a	Are there endowment funds not in the possession	-		nızatını	n that are h	neld and ad	ministered for	the			
	organization by	0	o organ	n_u_u_o	0.0(0.0)	iola alla aa	minotored for	410		Ye	s No
	(i) unrelated organizations									3a(i)	3 140
	(ii) related organizations							•	• •	3a(ii)	
b	If "Yes" on 3a(ii), are the related organizations lis	ited as	s requir	ed on	Schedule F	₹?		•	• • •	3b	
4	Describe in Part XIII the intended uses of the org									02	
Pai	rt VI Land, Buildings, and Equipm										
	Complete if the organization and		ed "Y	es" o	n Form	990. Parl	t IV. line 11	a. Se	e Form 990. F	Part X. line 1	0
	Description of property				ner basis		r other basis		Accumulated	(d) Book valu	-
				(ınvestm	ent)	1	other)		epreciation	• • • • • • • • • • • • • • • • • • • •	-
1a	Land					1		*****			
ь	Buildings	[-	
С	Leasehold improvements .	.									
ď	Equipment										
е	Other										
Total	I. Add lines 1a through 1e (Column (d) must equa	al Forn	n 990, l	Part X.	, column (E	3), fine 10c) .		. •		

Schedule D (Form 990) 2015

Sewa International Inc

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Part VII	Investments - Other Securities. Complete if the organization answer	ed "Yes" on Form 990. I	Part IV. line 11b. See Form 990) Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year marke	ion
(1) Financiał	derivatives			
(2) Closely-h	eld equity interests			
(3) Other				
(A)				
(B)				
(C)			,	
(D)		•		
(E)				
(F)				
(G)				
(H)				
) must equal Form 990, Part X, col (B) line 12)			_
Part VIII	Investments - Program Related. Complete if the organization answer	ed "Yes" on Form 990. I	Part IV. line 11c. See Form 990). Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year marke	ion
(1)		-		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.			
t 	Complete if the organization answer	ed "Yes" on Form 990, I	Part IV, line 11d, See Form 990). Part X. line 15.
		Description		(b) Book value
(1)		· · · · · · · · · · · · · · · · · · ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)				
(3)				-
(4)				
(5)				
(6)	·			
(7)				
(8)				
(9)				
	ın (b) must equal Form 990, Part X, col (B) line 1	5.)		
Part X	Other Liabilities.		<u></u>	
THICK	Complete if the organization answer line 25	ed "Yes" on Form 990, I	Part IV, line 11e or 11f. See Fo	rm 990, Part X,
1.	(a) Description of liability	(b) Book value	1	
	income taxes	(4)		
(2)		+		
(3)				
(4)				
(5)		 		
		1		
(6)	-	+	 	
(7)		-		
(8)			 	
(9)		1	 	
) must equal Form 990, Part X, col (B) line 25)			
	uncertain tax positions In Part XIII, provide the t			_
organization's	liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the te	ext of the footnote has been provided in	Part XIII

	ule D (Form 990) 2015 Sewa International Inc			20-0638718	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statem			er Return.	•
	Complete if the organization answered "Yes" on Form 990, F	Part I	V, line 12a		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recovenes of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		· · · · · · · · · · · · · · · · · · ·	3	_
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
þ	Other (Describe in Part XIII)	4b			
С				4c	
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	rt XII Reconciliation of Expenses per Audited Financial State			s per Return.	
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements			_1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c		_	
d	Other (Describe in Part XIII.)	2d	_	_	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	:		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b		_	
С	Add lines 4a and 4b			4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		<u> </u>	5	
	rt XIII Supplemental Information.		7		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line			art X, line	
2 , F c	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	additio	nai information.		
					
	•				
					
					
				_	
					
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Schedule F (Form 990)

Statement of Activities Outside the United States

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

OMB No 1545-0047 2015

Department of the Treasury

► Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

Sew	a International Inc				20-	-0638718
Pa	rt I General Information	on on Activiti	es Outside t	he United States. Comple	te if the organization	answered "Yes" on
	Form 990, Part IV,	line 14b				
1	For grantmakers. Does the org			_		
	assistance, the grantees' eligibile	ity for the grants	or assistance,	and the selection criteria used t	o award the	
	grants or assistance?					🛚 Yes 🗌 No
2	For grantmakers. Describe in F	Part V the organi	zation's procedi	ures for monitoring the use of it	e grante and other	
-	assistance outside the United St		zauon s procedi	ares for morntoning the use of the	s grants and other	
	assistantes satisfes and sinited of					
3	Activities per Region (The follow	ving Part I, line 3	s table can be di	uplicated if additional space is r	needed)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is	(f) Total
		offices in the region	employees, agents, and	region (by type) (e g , fundraising, program services,	a program service, describe specific type of	expenditures for and investments
			ındependent	investments,	service(s) in region	in region
			contractors in region	grants to recipients located in the region)		
(1):	South Asia			Program services		-
(2)						
(2)						
(3)				<u> </u>		
(4)					-	
(5)						
(6)						
(7)						
• •						
(8)						
(9)						
(*/						
(10)						
(11)						
,						
(12)			ļ	-		
(13)						
(13)						
14)						
(15)						
(16)						
(17)	Cub total			<u> </u>	<u> </u>	
3a	Sub-total		<u> </u>		-	
þ	Total from continuation sheets to Part I .					1
c	Totals (add lines 3a and 3b)					
_	(*	,	4

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Sewa International Inc

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Schedule F (Form 990) 2015

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

									A Market of the
1 (a) Org	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(¢) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
(1)			South Asia	FLOOD RELI					
(2)			South Asia	CHARITABLE					
(3)		111111111111111111111111111111111111111	South Asia	SERVICE					
(4)			South Asia	CHILD WELF					
(5)									
1									
(8)	,								
(6)									
(10)									
(11)			+						
(12)									
(13)									
(14)									
(15)	-								
(16)									

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2015

Ä

Enter total number of other organizations or entities

Schedule F (Form 990) 2015

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	ype of grant or assistance (b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV. appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							,
(12)							
(13)							
(14)							
(15)							
(16)							
(17)					:		
(18)	·						
EEA						Schedu	Schedule F (Form 990) 2015

Schedul	e F (Form 990) 2015 Sewa International Inc	20-0638718	Page 4
Pari	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		□ No
	Corporation (see Instructions for Form 926)		
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; do not 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

Yes

☐ No

Schedule F (Form 990) 2015

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, do not file with Form 990)

EEA

Schedule F (For	n 990) 2015 Page 5
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 via exponentiation programs of interest, i are 1 (appropriate method). Dot III (appropriate method): Do
	amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and
	Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional
	information (see instructions).
•	
_	
	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990.

OMB № 1545-0047 **2015**

Open to Public Inspection

Name of the organization Employer identification number Sewa International Inc 20-0638718 01. Form 990 governing body review (Part VI, line 11) THE ORGANIZATION DIRECTORS/ OFFICERS ARE FURNISHED THE DRAFT FINANCIALS BY THE VP FINANCE. THOSE ARE APPROVED AND THEN FORWARDED TO OUTSIDE CPA FOR FINALIZING THE TAX RETURNS 02. Conflict of interest policy compliance (Part VI, line 12c) WHENEVER THERE EXISTS A CONFLICT OF INTEREST IN THE BOARD THEN THE NECESSARY DIRECTOR/OFFICER SHALL ABSTAIN FROM THE DELIBERATIONS AND PROCEEDINGS OF THE SAID DISCUSSION 03. Form 990 availability to public (Part VI, line 18) THE FINANCIALS ARE REVIEWED BY THE DIRECTORS/ OFFICERS OF THE ORGANIZATION. THE TAX RETURN IS CIRCULATED TO THE EXECUTIVE TEAM BEFORE BEING FILED WITH THE IRS. THE TAX RETURN IS AVAILABLE TO THE PUBLIC BY LOGGIN TO WWW.GUIDESTAR.ORG 04. Governing documents, etc, available to public (Part VI, line 19) THE ORGANIZATION WEBSITE IS VERY DESCRIPTIVE INFORMING ALL THE ACTIVITIES OF THE ORGANIZATION. 05. List of other fees for services expenses (Part IX, line 11g) OPERATIONS, BANK CHARGES, GEN N ADMINISTRATION EXPENSES AND DUES N SUBSCRIPTIONS 06. List of other expenses (Part IX, line 24e) FUND RAISING PROFESSIONAL & SHOW FEES FOR THE CHAPTER WISE DETAILS OF EXPENSES ON SCH G