

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED SEP 0 1 2016

- 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

	nal Revenue		▶ Informati	on about Fo	rm 990 and its ins	tructions is at	t www.irs.g	ov/form990	.	Inspec	tion		
Ā	For the 2	015 cale <u>r</u>	ndar year, or tax year b	eginning	January 1	, 2015, a	and ending	Decem	ber 31	, 20 15			
В	Check if a	oplicable:	C Name of organization S	outh Asia Ad	ocates				D Employer identification number				
	Address c	•	Doing business as							912089228			
$\bar{\Box}$	Name cha		Number and street (or P.	O. box if mail is	not delivered to stre	et address)	Room/surte		E Telephor	ne number			
\Box	Initial retur		P.O Box 2993							425 681-1102			
ī	Final return		City or town, state or pro	vince, country,	and ZIP or foreign po	ostal code	i		•				
ñ	Amended	I.	Kirkland, WA 98083-29	93	•				G Gross re	eceipts \$	668,621		
$\bar{\sqcap}$	Application	•	F Name and address of pro	ncipal officer			****	_		subordinates? Yes	√ No		
_			Marc Bauman, 13510 89	oth Place NE,	Kirkland, WA 9803	34		1		s included? Yes			
$\overline{}$	Tax-exem	ot status:	√ 501(c)(3)	501(c) () ◀ (insert no.)	4947(a)(1) or	527	- · ·		list. (see instruction			
<u>; </u>	Website:		<u> </u>) Tansort noty	3 10 17 (4)(1) 01	<u> </u>	H(c) Group			•		
<u></u>			✓ Corporation ☐ Trust	Association	Other▶	L Yea	ar of formation		T .	of legal domicile	WA		
_	art I	Summa					v	·	1				
			scribe the organization	n's mission	or most significa	ant activities:	Improve	lives of peop	le in Sou	th Asia through			
ø	1	-	uch as literarcy programs		-								
anc	<u> </u>	· :					2						
Activities & Governance	2 6	Check thi	s box ▶☐ if the orga	nization dis	continued its one	erations or de	sposed of	more than	25% of	its net assets			
Š	1		of voting members of						3		4		
ص ح	1		of independent voting	-		•	line 1b)		4		3		
es	1		nber of individuals em		-	• •	•		5		1		
ž	E		ber of volunteers (es		-				6		20		
Act	E		elated business reven		* *	line 12			7a		0		
			ated business taxable		7b		0						
							128	Prior Yea		Current Y	ear		
4	8 0	Contributi	ions and grants (Part		759,716		668,621						
ž	1		service revenue (Part		0		0						
Revenue			nt income (Part VIII, c		8		5						
æ	1		enue (Part VIII, colum		0		0						
	1		nue-add lines 8 thro		9 11 Inc. 2011 Ki	11	ne 12)		759724		668,626		
			nd similar amounts pa	_					718,450		627,687		
			oaid to or for member		• • •	•			0				
_s			other compensation, er				5–10)		7039		7,112		
Expenses	1		nal fundraising fees (F		·		`.''.		0		0		
Þe	1		draising expenses (Pa				· ·						
ŭ			enses (Part IX, colum			e)	·····		7376	··· · · · · · · · · · · · · · · · · ·	10,866		
	1		enses. Add lines 13-1				s) .		541,209		645,665		
			less expenses. Subtra				′ 						
5 8 8			• • • • • • • • • • • • • • • • • • • •			<u> </u>	Be	ginning of Cur	rent Year	End of Ye	ar		
Net Assets or Fund Balances	20 T	otal asse	ets (Part X, line 16)				🗀		197,706		220,667		
A Big	21 T	otal liabi	ilities (Part X, line 26)				🗀		0		0		
\$2	22 N	let asset	s or fund balances. S	ubtract line	21 from line 20				197,706		220,667		
Pa	art II	Signat	ure Block										
Un	der penalti	es of perjur	y, I declare that I have exar	nined this retu	m, including accompa	anying schedules	and stateme	ents, and to th	e best of n	ny knowledge and	belief, it is		
tru	e, correct,	and comple	ete. Declaration of preparer	(other than offi	cer) is based on all in	formation of which	ch preparer h	as any knowle	dge.				
	•		10 1/2 Kg	me	~c				1/11-	18			
Sig	yn	Signa	ature of officer		D ,	1 (Date	Э				
Here		M	ore Barn	2	75051	text							
		Туре	or print name and title										
Pa	id	Print/Typ	oe preparer's name	Pre	parer's signature		Date		Check	PTIN PTIN			
	eparer								self-emp				
	e Only	Firm's na	ame ►					Firm	s EIN ▶				
		Firm's ac	ddress ▶					Phor	e no.				
Ма	y the IRS	discuss	this return with the p	reparer sho	wn above? (see	instructions)			<u> </u>	Ye	s 🗌 No		
For	Paperwo	ork Reduc	ction Act Notice, see th	e separate i	nstructions.		Cat. No.	11282Y		Form	990 (2015)		

Form 990		Page 2									
Part I		_									
1	Check if Schedule O contains a response or note to any line in this Part III	<u>· </u>									
	Improve the lives of people in South Asia through leadership development, job skills training and literacy programs. Additionally,										
	we help raise awareness and mobilize people to take action which includes providing materials and leading trips to South Asia.										
	Did the organization undertake any significant program services during the year which were not listed on the										
	prior Form 990 or 990-EZ?	/ No									
	If "Yes," describe these new services on Schedule O.										
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∑ No									
	f "Yes," describe these changes on Schedule O.										
	Describe the organization's program service accomplishments for each of its three largest program services, as measu expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.										
	(Code:) (Expenses \$ 598,951 including grants of \$ 595,242) (Revenue \$ Support efforts of individuals and organizations in South Asia to improve the lives of those in their communities. Primary projects include leadership development of grass roots level leaders and training.	<u> </u>									
4b	(Code:) (Expenses \$10,855 including grants of \$9,000) (Revenue \$ Raise awareness and mobilize people and groups to take action regarding the social, economic and spiritual conditions in South Asia. This occurs through making information available and leading teams on trips to South Asia										
	•										
	(Code:) (Expenses \$ 25,300 including grants of \$ 23,445) (Revenue \$ Support community development projects such as literacy, women's issues, childrens education and medical needs.	1									
											

) (Revenue \$

635,106

Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$

Total program service expenses ▶

4e

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	-	√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	-		
6	Part III	5		✓
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		*
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	"		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	140	a	
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	11a		~
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		√
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		√
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	•	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		√
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		√

38

	10 (2015)		F	Page 4
Part	Checklist of Required Schedules (continued)			
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	200	Yes	No ✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	:	1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	20		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	!		ĺ
	through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	04-		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			1
00	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		<u> </u>
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			,
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		√
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
32	Part I	31		√
02	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1			,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	<u>حمد</u>		Ť
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
07	related organization? If "Yes," complete Schedule R, Part V, line 2	36		√
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1		
	and that is treated as a partnership for federal moonie tax purposes: if it is, complete schedule it,	l	1	,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O.

38

Part	V Statements Regarding Other IRS Filings and Tax Compliance			Page
ı art	Check if Schedule O contains a response or note to any line in this Part V			_
	Office it ochequie o contains a response of flote to any life in this rare v	<u></u>	Yes	· L No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		-	-
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		ł
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		1
	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>
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 2a 1	l	l	Ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓.
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			١.
	account)?	4a	<u> </u>	\
b	If "Yes," enter the name of the foreign country: ▶			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods]	
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			ļ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	<u> </u>	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
n o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		<u> </u>	├,-
9	sponsoring organization have excess business holdings at any time during the year?	8	 	1
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		7
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	 	1
10	Section 501(c)(7) organizations. Enter:		 	Ť
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1	1	1
11	Section 501(c)(12) organizations. Enter:	1	1	
а	Gross income from members or shareholders		1	1
b	Gross income from other sources (Do not net amounts due or paid to other sources		[
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
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	1	1

b Enter the amount of reserves the organization is required to maintain by the states in which

14a Did the organization receive any payments for indoor tanning services during the tax year? .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

the organization is licensed to issue qualified health plans

14a

13b

13c

Part												
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See Check if Schedule O contains a response or note to any line in this Part VI											
Secti	on A. Governing Body and Management			<u>. Ц</u>								
<u>Secti</u>	on A. Governing body and management		Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	1										
	If there are material differences in voting rights among members of the governing body, or	1										
	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	4										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		 	<u> </u> _								
3	any other officer, director, trustee, or key employee?	2	├	<u> </u>								
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		/								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1								
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	 	1								
6	Did the organization have members or stockholders?	6		1								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint											
	one or more members of the governing body?	7a		✓								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,											
_	stockholders, or persons other than the governing body?	7b		1								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
	The governing body?		-,									
a b	Each committee with authority to act on behalf of the governing body?	8a 8b	-									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD	 	 								
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1								
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.))								
			Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓								
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?		1									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	<u> </u>									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	 	<u> </u>								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Ť								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c										
13	Did the organization have a written whistleblower policy?	13		/								
14	Did the organization have a written document retention and destruction policy?	14		1								
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	<u> </u>	1								
b	Other officers or key employees of the organization	15b		✓								
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement											
100	with a taxable entity during the year?	16a		1								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		-								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1										
	organization's exempt status with respect to such arrangements?	16b										
	on C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed Washington											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection, Indicate how you made those available. Check all that apply	n 501(.c)(3)s	only)								
	available for public inspection. Indicate how you made these available. Check all that apply.											
19	Own website Another's website Upon request Other (explain in Schedule 0) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interpretation of the conflict of the con	erect	nolic	v and								
	financial statements available to the public during the tax year.	.U. G3L	POIIC	,, and								
20	State the name, address, and telephone number of the person who possesses the organization's books and re Marc Bauman, 13510 89th Place NE, Kırkland, WA 98034, 425-681-1102	cords	;►									

omo	990	(2015)	

_			-
בי	a	A	•

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.
			•	(0	C) ition					
(A) Name and Title	(B) Average		(do not check more to box, unless person is					(D) Reportable	(E) Reportable	(F) Estimated
Name and This	hours per	office				is both or/trust		compensation	compensation from	amount of
	week (list any hours for related organizations below dotted line)		Officer Institutional trustee or director		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) Kay Fowler	.5									
Director	†	✓ .								
(2) Obed Yusaf	.1									
Director		✓								
(3) Bryan Derrenger	.5									
Director/Secretary	ļ	✓		✓						
(4) Marc Bauman	20									
President	ļ	✓		✓	✓	1	ļ	1		
(5)	 									
(6)										
(7)										
(8)									-	
(9)										
(10)										
(11)										
(12)										
(13)	<u> </u>									
(14)	1									

Part	VII Section A. Officers, Directors, Trus	tees, Key E ⊺	mploy	/005			lighe	st C	ompensated E	mployees (continue	ed)		
					•	C)								
	(A) Position (do not check more than		e than o	one	(D)	(E)		1	(F)					
	Name and title	Average	box,	ox, unless person is l			is both	an	an Reportable	Reportable			mated	
		hours per week (list any					or/trus	·	compensation	compensatio related			ount of ther	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizati	ons	comp	ensation	n
		related organizations	F &	ř	မို	9	oloy	Tier	organization (W-2/1099-MISC)	(W-2/1099-N	MISC)		n the	
		below dotted	학류	Sa		8	မီ ဋ		(44-2/1099-141130)				nization related	
		line)	l st	풀		ě	mg						ızatıons	5
			8	ste			798							
				"			<u>e</u>							
(15)											Ì			
					l	l								
(16)														_
22					ĺ	Ì								
(17)											-+			
3.1.17		†				,	ļ							
(18)				Н	-			├						
(10)		+												
(10)				Н	_									
(19)											1			
/00\						-		_						
(20)									ł					
40.41		<u> </u>						<u> </u>						
(21)		_												
								<u> </u>						
(22)														
(23)														
(24)														
							}]	i					
(25)														
		1												
1b	Sub-total						<u> </u>		6096					
С	Total from continuation sheets to Part	VII. Sectio	n A					•	0		-			
ď	Total (add lines 1b and 1c)	-						•	6096					
2	Total number of individuals (including but							2) W		<u> </u>	00 000	of		
-	reportable compensation from the organi		r to th	USC	1130	.eu a	apove	<i>3)</i> W	no received in	ore man pi	00,000	Oi		
	reportable componsation nom the organi	Zation											1	
3	Did the organization list any former of	ficer direc	tor o	r tr	ueta	20	kov s	mn	Novee or high	eet compo	nestad		Yes	No
J	employee on line 1a? If "Yes," complete s	Schedule J	for e	ich.	usic indi	se, ividi	ney e ıal	si i i þ	noyee, or mgn	est compe	nsaleu			-,
								•				3		<u> </u>
4	For any individual listed on line 1a, is the													
	organization and related organizations individual									eaule j to	or sucn			
_											· ·	4		✓
5	Did any person listed on line 1a receive of	or accrue co	mpei	ารสเ	ion	πor	n any	un	related organiz	ation or inc	dividual			
	for services rendered to the organization	rir Yes, c	ompi	ete .	Sch	eau	ile J T	or s	sucn person	<u> </u>	• •	5		<u> </u>
	on B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Rep	ort compe	nsatio	n fo	or th	e c	alend	ar y	ear ending wit	h or within	the orga	anizatio	on's ta	IX
	year.													
	(A)								(B)			(C)		
	Name and business add	ress						<u>.</u>	Description of s	ervices		Compens	ation	
			_ • • • • • • • • • • • • • • • • •											
									·				•	
							·	<u> </u>						
2	Total number of independent contractor	rs (includir	ng bu	t no	ot I	imit	ed to	th	ose listed ah	ove) who				
	received more than \$100,000 of compens									,				

Par	t VIII	Check if Schedule O contains a response or note	to any line in this	Part VIII		
<u>. </u>		Oneon in Conocure of Contains a response of note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a	0			
ons, Gifts, Grants Similar Amounts	b	Membership dues 1b	0			
S, C	С	Fundraising events 1c	0			
Contributions, Gifts, and Other Similar Ar	d	Related organizations 1d	0			
ns,	е	Government grants (contributions) 1e	0			
er ë	f	All other contributions, gifts, grants,				
혈통		and similar amounts not included above 11 668,62	_ 1			
Contribution and Other	9	Noncash contributions included in lines 1a-1f: \$	0			
	h	Total. Add lines 1a-1f				
a a		Business Code	<u></u>			
eke	2a					
8	b					
Š	C d					
ري د	e		 			
Program Service Revenue	f	All other program service revenue .				· · · · · · · · · · · · · · · · · · ·
P	g	Total. Add lines 2a–2f	0			-
	3	Investment income (including dividends, interest	,		···-	
		and other similar amounts) ▶	5			
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties	0			
		(i) Real (ii) Personal				
	6a	Gross rents	_			
	b	Less: rental expenses	_			
	С	Rental income or (loss)	_			
	_d	Net rental income or (loss)	0	<u> </u>		
	7a	Gross amount from sales of (i) Securities (ii) Other	_			
	_	assets other than inventory Less cost or other basis	_			
	b	and sales expenses .				
	c	Gain or (loss)				
	d	Net gain or (loss)	d			
		The gain or (ioss)	 			
e	8a	Gross income from fundraising				
en/		events (not including \$				
Æ		of contributions reported on line 1c).				
ē	}	See Part IV, line 18 a				
Other Rever	b	Less: direct expenses b	<u> </u>			
		Net income or (loss) from fundraising events . ▶	0			
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a	_			
		Less: direct expenses b	_			
	C	Net income or (loss) from gaming activities	9			
	10a	Gross sales of inventory, less returns and allowances a				
	L		-			
	b	Less: cost of goods sold b Net income or (loss) from sales of inventory >	 			<u> </u>
		Miscellaneous Revenue Business Code				
	11a		+			
	b		1			
	c					
	đ	All other revenue	 			
	ө	Total. Add lines 11a–11d				
	12	Total revenue. See instructions	668,626	· · · · · · · · · · · · · · · · · · ·		

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organizatıor	ns must complete co	lumn (A).
	Check if Schedule O contains a respon		ne in this Part IX .		
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21	9000	9000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	618,687	618,687		
4 5	Benefits paid to or for members	6096	4267	1829	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	4207	1023	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0		0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	1016	711	305	0
11	Fees for services (non-employees):				
а	Management	o	0	o	0
b	Legal	0	0	0	,0
С	Accounting	1320	0	1320	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0	·		0
f	Investment management fees	0	0	0	0
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	250	250	0	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	262	0 262	0	0
17 18	Travel	202	202	0	0
19	Conferences, conventions, and meetings .	0	0	0	0
20	Interest	619	0	619	0
21	Payments to affiliates	0	0	0.0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	0	0	0	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Banking	8415	1928	6487	
b					· · · · · · · · · · · · · · · · · · ·
С			_		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	645,665	635,105	10,560	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)		-		

Form 990 (2015) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Cash -- non-interest-bearing 138,688 183,242 1 1 59,018 2 Savings and temporary cash investments 2 37,425 3 0 0 3 0 4 0 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Λ 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 ol 0 6 0 0 7 0 8 Inventories for sale or use ol 8 0 0 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation 0 10c 0 Investments-publicly traded securities 0 11 0 11 0 12 0 12 Investments—other securities. See Part IV, line 11 . Investments-program-related. See Part IV, line 11. 13 0 13 0 Intangible assets 14 0 14 0 15 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 197,706 **16** 220,667 17 Accounts payable and accrued expenses 0 0 17 18 0 0 18 Deferred revenue 0 19 ol 19 0 20 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. ol 22 n 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . 0 24 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 0 0 25 26 Total liabilities. Add lines 17 through 25 0 26 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 28 29 29 Net Assets or Fund Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. Capital stock or trust principal, or current funds 197,706 30 220,667

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

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

Total liabilities and net assets/fund balances .

30 31

32

33

0

0

220,667

220,667

0 31

0 32

197,706 33

197,706 **34**

Form 9	90 (2015)			Pa	age 12
Par	t 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)				8,626
2	Total expenses (must equal Part IX, column (A), line 25)			64	15,665
3	Revenue less expenses. Subtract line 2 from line 1			2	22,961
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			19	7,706
5	Net unrealized gains (losses) on investments				0
6	Donated services and use of facilities				0
7	Investment expenses				0
8	Prior period adjustments				0
9	Other changes in net assets or fund balances (explain in Schedule O)	1	•		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	ا ر		22	20,667
Par	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	n in			
	Schedule O.		1		1 1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled				
	reviewed on a separate basis, consolidated basis, or both:				1 1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited of	n 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 overs	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountain	nt?⁻	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain	n ın			
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set fort	h in			
	the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	the			\vdash
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		3b		

Form **990** (2015)

Form 9	990 (2015)		Page 12
	t XI Reconciliation of Net Assets		rage 12
	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)	111	668,626
2	Total expenses (must equal Part IX, column (A), line 25)	2	645,665
3	Revenue less expenses. Subtract line 2 from line 1	3	22,961
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	197,706
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	00
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		1
	33, column (B))	10	217,978
1	Check if Schedule O contains a response or note to any line in this Part XII		Yes No
2a b	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited.	piled or	2a
. c	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	intant?	2c

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.

Form **990** (2015)

3a

3b

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

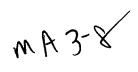
OMB No 1545-0047

2015

Open to Public

Internal Revenue Service Inspection Name of the organization Employer identification number South Asia Advocates 912089228 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. a - Trope I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 sted in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A)

Part							
	(Complete only if you checked the						ality under
Socti	Part III. If the organization fails to on A. Public Support	quality unde	er the tests iis	ted below, pi	ease comple	te Part III.)	
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(a) 2012	(4) 2014	(-) 2015	(A T-4-1
1	Gifts, grants, contributions, and	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
•	membership fees received. (Do not				1		
	include any "unusual grants.")	504.000	204 4 7 4	505 550			
2	Tax revenues levied for the	604,092	664,154	505,559	759,716	668,621	3,202,142
2	organization's benefit and either paid					ļ	
	to or expended on its behalf	o		ام			•
3	The value of services or facilities		0	0	0	0	0
•	furnished by a governmental unit to the						
	organization without charge	o	o	0	ا		•
4	Total. Add lines 1 through 3	604,092	664,154	505,559	759,716	600 634	2 202 142
		004,032	004,134	503,339	/39,710	668,621	3,202,142
5	The portion of total contributions by each person (other than a			ľ			
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount					1	
	shown on line 11, column (f)			·		ì	0
6	Public support. Subtract line 5 from line 4.						3,202,142
Secti	on B. Total Support	<u> </u>					
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	604,092	664,154	505,559	759,716	668,621	3,202,142
8	Gross income from interest, dividends,						
	payments received on securities loans,			į		1	
	rents, royalties and income from similar	i					
	sources	10	9	10	8	5	42
9	Net income from unrelated business						
	activities, whether or not the business		-	ļ			
	is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or			İ			
	loss from the sale of capital assets			ļ			
	(Explain in Part VI.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10	(l			3,202,184
12 13	Gross receipts from related activities, etc					12	0
13	First five years. If the Form 990 is for the organization, check this box and stop he				=	ear as a section	
Sacti	on C. Computation of Public Suppor			<u> </u>		<u> </u>	· · > 🖸
14	Public support percentage for 2015 (line 6			f column (fl)		14	100 %
15	Public support percentage from 2014 Sch		•		}	15	99 %
16a	331/3% support test—2015. If the organiz						neck this
	box and stop here. The organization qua						
ь	331/3% support test-2014. If the organ	-	• • •	-			
	check this box and stop here. The organ						. ▶ □
17a	10%-facts-and-circumstances test—20					or 16b and	
	10% or more, and if the organization me						
	Part VI how the organization meets the "f	acts-and-circu	mstances" tes	t. The organiza	ition qualifies a	as a publicly si	pported
	organization						``. ▶ □
b	10%-facts-and-circumstances test-20	014. If the orga	nization did no	ot check a box	on line 13, 16	a. 16b. or 17a	
-	15 is 10% or more, and if the organizat	tion meets the	"facts-and-ci	cumstances"	test, check th	is box and ste	op here.
	Explain in Part VI how the organization m						
	supported organization					·	. ▶ □
18	Private foundation. If the organization di						see
	instructions						. ▶ □



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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name o	of the organization					Employer id	lentification number
	Asia Advocates				_	9	12089228
Par	General Information Form 990, Part IV, line		ies Outside	the United States. Comp	plete if the organ	zation ans	wered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	gibility for the	e grants or as	ords to substantiate the amount of sistance, and the selection	criteria used to	and other award the	□Yes □No
2	For grantmakers. Describe assistance outside the Unite		the organization	on's procedures for monit	oring the use o	of its grant	ts and other
3	Activities per Region. (The fo	llowing Part	l, line 3 table o	an be duplicated if addition	nal space is need	łed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity liste a program se describe specifi service(s) in r	ervice.	(f) Total expenditures for and investments in region
(1)							
(2)						<u>.</u>	
(3)							
(4)							
(5)			-	<u>-</u>	_		
(6)		;					
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
3a	Sub-total						
b	Total from continuation sheets to Part I						
•	Totals (add lines 3a and 3b)						1

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

,	(a) Moment								A) 4 4 - 44 - 4 - 4
-	organization	(f) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) memod of vertical (book, FMV, appraisal, other)
£			South Asia	Training/I eader Dev	227 960 Wire	Mire			
<u> </u>			South Asia	Trianing/ Pader Dev	116 635 Wire	Wire			
ල			South Asia	Comm. Developmt.	70,500 Wire	Wire			
(4)			South Asia	Training/Leader Dev.	44,347 Wire	Wire			
(2)			South Asia	Training/Leader Dev.	37,000 Wire	Wire			
(9)			South Asia	Training/Leader Dev.	28,000 Wire	Wire			
3			South Asia	Comm. Development	13,445 Wire	Wire			
(8)			South Asia	Training/Leader Dev.	12,000 Wire	Wire			
(6)				Training	7,000 Wire	Wire			
(10)		,							
(11)									
(12)									
(13)									
(14)									
(15)					-				
(16)									

80 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

Q

Enter total number of other organizations or entities က

Schedule F (Form 990) 2015

Page 3

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. Schedule F (Form 990) 2015

Part III Grants ar

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

Schedule	F (Form	990)	2015

Page 4

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	√ No

Schedule F (Form 990) 2015

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► 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.

Inspection

Employer identification number

South Asia Advocates	910289228
Part VI Section B 11 - The Form 990 is made available ot the board, shared and discussed at the next s	cheduled board meeting.
Dant III Continue C 40. All decrements related to Couth Asia Advantage are book to the board are sidered	Mana Barrara Barrara ata arra mada
Part VI Section C 19 - All documents related to South Asia Advocates are kept by the board president,	Marc Bauman. Documents are made
available upon request.	
44411250 45011 044004	
•	