Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2018

Dep	artment of	the Treasury	► Go to www.irs.g	-		-	-			Inspection
A			ndar year, or tax year beginning		, 2018, a					, 20
В		applicable	C Name of organization Friends for		, , , , , , , , ,			D	Employe	er identification number
n	Address	• •	Doing business as	Ladeation					• •	27-1913707
П	Name ch	-	Number and street (or P O box if n	nail is not delivered to	street address)	Room/s	surte	E	Telephor	ne number
$\overline{\Box}$	Initial reti	•	22915 SE 13 way							425 208 5036
ī		n/terminated	*	ntry, and ZIP or foreig	n postal code	·		一		120 200 000
$\bar{\Box}$	Amended		Sammamish, WA, 98075					G	Gross re	ceipts \$ \$229,927.64
			F Name and address of principal office	er Ramesh Yerr	amsetti		H(a) is t			subordinates? Yes V No
		-	22915 SE 13 way, Sammamish,			(1)	/ !			s included? Yes No
<u> </u>	Tax-exen	npt status	✓ 501(c)(3)		e) 4947(a)(1) or	527	$\overline{}$	If "No,"	attach a	list. (see instructions)
J	Website:	► N/A				1/	H(c) G	iroup ex	emption	number >
K	Form of o	rganization	Corporation Trust Associ	ation ☐ Other ►	L Yea	ar of form	ation 2	011	M State	of legal domicile WA
Р	art i	Summ	ary		1					
	1	Briefly de	escribe the organization's miss	sion or most signi	ıfıcant actıvıtıes:	Frien	ds for Edu	cation	focuse	s on providing educatio
Se		worldwid	e in the areas of holistic educat	on, organic farmir	ng, traditional art	s and m	iusic, Vedi	ic bool	ks, yout	h shelters, etc.
Activities & Governance	İ		<u></u>							
Š			is box ▶□ if the organization		•	sposed	of more	than 2	5% of	its net assets.
Ĝ			of voting members of the gove		· · · · · · · · · · · · · · · · · · ·				3	4
ళ			of independent voting membe						4	4
ite			nber of individuals employed i			2a)			5	0
ē	1		nber of volunteers (estimate if	• •					6	10
Ā	•		elated business revenue from						7a	0
	b	Net unrel	ated business taxable income	from Form 990-	T, line 38	• •			7b	0
				413			Pri	or Year		Current Year
ě			tions and grants (Part VIII, line					\$128 ,	641.83	4
Revenue			service revenue (Part VIII, line							4
Re	1		nt income (Part VIII, column (A	-			ļ			0
			renue (Part VIII, column (A), lin		·				558.76	\$646.13
_	, 		enue—add lines 8 through 11 (200.59	\$230,573.77
	1		nd similar amounts paid (Part						23,840	\$249,122.21
	1		paid to or for members (Part I) other compensation, employee		-				0	0
Expenses	1		onal fundraising fees (Part IX, o	•		-			0	0
ne.			draising expenses (Part IX, co			- · ·			0	0 1
ă	17	Other evi	penses (Part IX, column (A), Iir	as 11a-110 116	SIMPO					
	18	Total exp	enses. Add lines 13–17 (must	equal Part IX co	Jump (A) line 28			¢120	337.07	\$252,167.49
	19	Revenue	less expenses. Subtract line	18 from line 12 o		1			136.48)	(\$21,593.72)
- S	1.0	110101100	Tood experience: Cubtract IIIIo		1 2 2019 · P3		Beginning			End of Year
ets c	20	Total ass	ets (Part X, line 16)	L	ــــــــــــــــــــــــــــــــــــــ			\$73	074.57	\$51,480.85
§ § §	21		ılıtıes (Part X, line 26)		EN.UT			4.01	0	0
Net Assets or Fund Balances	22		ts or fund balances. Subtract			J		\$73.	074.57	\$51,480.85
	art II		ure Block		-					
Un	der penali	ties of perju	ry, I declare that I have examined this	return, including acco	mpanying schedules	and stat	tements, and	to the	best of m	ny knowledge and belief, it is
tru	e, correct,	, and compl	ete Declaration of preparer (other than	officer) is based on a	ill information of which	ch prepar	er has any k	nowledg	ge	
			ybarbon						3 2 2	1/2019
Siç		, .	ature of officer					Date	•	
He	re	N	NAVIN BACHAN	<u></u>						
		Туре	or print name and title							
Pa	id	Print/Ty	pe preparer's name	Preparer's signature		[Date		Check [_ ıf PTIN
	epare	r				L			self-emp	loyed
	e Only		ame 🕨					Fırm's	EIN ►	
		Firm's a	ddress ▶					Phone	no	
_			this return with the preparer		ee instructions)	• •	<u> </u>	<u> </u>	· · ·	Yes No
For	Paperw	ork Redu	ction Act Notice, see the separa	ite instructions.		Cat.	No. 11282Y			Form 990 (2018)

Part	
•	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Friends for Education charitable organization has been established to provide informal education to the needy in the USA and other countries where cultural education has been historically been marginalized. This education is not limited to classroom and is
	conducted on farms, areas with high poverty (such as Salem India).
	conducted on family, areas with high poverty (such as Salem India).
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.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code. 001) (Expenses \$ \$229,417 including grants of \$) (Revenue \$ \$207,548)
	Education (traditional agriculture, arts, culture). Promote traditional Vedic Education in various parts of US and other parts of world
	Develop or procure rare books of special artistic and educational significance and distribute free of cost in USA where possible
	Distribute books at discounted rates on Amazon.com, Lulu.com including Amazon kindle
41-	(Code: 202) (Funesce the 402 752 reduction and 454 754
4b	(Code: 002) (Expenses \$ \$22,752 including grants of \$) (Revenue \$ \$23,027)
	Basic needs (food, clothing, shelter). Identify innovative ways of providing basic needs in the world and conduct research in fundamental ways to solve problems of food(traditional agriculture), clothing, shelter, and care.
	Eco Friendly Housing, Cow Shelters, School Infrastructure in developing countries:
	This specific grant is for school education program, for a Youth shelter in NY, NY, school in Salem, TN,India and at Rural educational
	Center near Vadodara, India
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	······
	<u></u>
	•
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

Form 99	D (2018)		اسله	age \$
Part I	V Checklist of Required Schedules			
``			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
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		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
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	L	✓
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		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1

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 . . .

20b

Part	Checklist of Required Schedules (continued)						
•			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).						
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1			
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	L	✓_			
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, Part I	31		V			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		. ✓			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓				
Part				<u></u>			
	Check if Schedule O contains a response or note to any line in this Part V	•	Yes .	No.			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		193	140			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable						
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	[_	_				
	reportable gaming (gambling) winnings to prize winners?	1c		√			

Form 99	0 (2018)		f	Page 5
Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	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		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	}	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
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		✓
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		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
12a	against amounts due or received from them.)	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124		V
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	l		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
•	Note. See the instructions for additional information the organization must report on Schedule O.	134		
b	•	ļ. ļ		
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			!
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		· •
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 70		
10	excess parachute payment(s) during the year?	15	1	
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
-	If "Yes," complete Form 4720, Schedule O.			

Part 、	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O. S	See ins	struct				
Sooti	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management	· · · · ·	• •	•	<u> </u>			
Secu	on A. Governing body and Management			Yes	No			
`1a	Enter the number of voting members of the governing body at the end of the tax year	1a						
	If there are material differences in voting rights among members of the governing body, or		1		l i			
	if the governing body delegated broad authority to an executive committee or similar	İ	1	1				
	committee, explain in Schedule O.			'	1 1			
b	b Enter the number of voting members included in line 1a, above, who are independent . 1b							
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or		2	<u> </u>	√			
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		1			
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		1			
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	5		1			
6	Did the organization have members or stockholders?		6		✓			
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	* *	7a		1			
b	Are any governance decisions of the organization reserved to (or subject to approva		<u> </u>	 	 			
	stockholders, or persons other than the governing body?		7b		✓			
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during						
_	the year by the following: The governing body?			√	J			
a b	Each committee with authority to act on behalf of the governing body?		8a 8b	-	1			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be supported in the governing body?		00		-			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C) <i></i>	9		✓			
Secu	on B. Policies (This Section B requests information about policies not required by the	e internai Hever	ue C	oae.) Yes				
10a	Did the organization have local chapters, branches, or affiliates?		10a	res	No.			
b	If "Yes," did the organization have written policies and procedures governing the activities o				-			
	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		<u> </u>			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the control of the	•	11a	1	ļ			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		40-		اـــــا			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	o rice to coefficte?	12a 12b	√				
b	· · · · · · · · · · · · · · · · · · ·		120	*				
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done.	policy <i>il res</i> ,	12c					
13	Did the organization have a written whistleblower policy?		13		-			
14	Did the organization have a written document retention and destruction policy?		14		7			
15	Did the process for determining compensation of the following persons include a review a				1			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation							
а	The organization's CEO, Executive Director, or top management official		15a		✓			
b	Other officers or key employees of the organization		15b		✓			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similarly during the year?		16a		—			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization							
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	to safeguard the	16b					
Secti	on C. Disclosure	· · · · · ·	נוטו		Ь			
17	List the states with which a copy of this Form 900 is required to be filed							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable	e). 990. and 990-7						
. •	(3)s only) available for public inspection. Indicate how you made these available. Check all that	at apply.	,500		. (0)			
40	Own website Another's website Upon request Other (explain in Sci	•						
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	·	,		, and			
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords	>				
	Ramesh Verramsetti 22915 SF 13 way Sammamish WA 98075 425 208 5036							

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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 noi	r any related	d orga	anız	atıo	n c	ompe	nsa	ited any curren	it officer, directoi	r, or trustee.	
				(0	C)						
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)	
Name and Title	Average					tnan o Is both		Reportable	Reportable	Estimated	
	hours per week (list any					or/trust	ee)	compensation from	compensation from related	amount of other	
	hours for	악	Ins	Officer	<u>6</u>	₽₩	Former	the	organizations	compensation	
	related	Individual trustee or director	it ut	icer	Key employee	Dies.	mer	organization	(W-2/1099-MISC)	from the	
	organizations below dotted	tor t	ona		횽	8 6	ľ	(W-2/1099-MISC)		organization and related	
	line)	rust	ŧ		yee	npe				organizations	
		ee	Institutional trustee			Highest compensated employee					
			Ľ		<u> </u>	<u> 2</u>	i				_
(4) 5 1 4 11 2025 05 40										ı	
(1) Ramesh Yerramsetti, Address: 22915 SE 13t	3	1									
Way. Sammamish, WA 98075 (2) Jaimin Barot, Address:	3	•						0	0		
1330, Williamsburg walk NE, Issaquah, WA 98029	3	1						. 0	0		,
(3) Navin Bachani Address 22720, SE 29th Stre	3	•						. <u>.</u> . <u>U</u>	U		
Apt A 101, Sammamish, WA 98075		1						o	0		,
(4) Deepak Chandani,	1	<u> </u>						•			<u> </u>
20984 AlvesDrive,CupertinoCA,95014-1828	·i	1						o	o		ſ
(5)		-							Ŭ		`
(6)											_
(7)											
(8)											
(9)											
											_
(10)										7	
4.0											_
(11)									İ		
(40)			\dashv							<u> </u>	
(12)											
(13)			\vdash	\dashv				·	-		_
(10)											
(14)				\dashv			-				_
(17)											

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
•	(A) Name and title	(B) Average hours per week (list any	Average box, unless person is both an hours per officer and a director/trustee) compensation compensation						(E) Reportable compensation from	(F) Estimated amount of other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation
(15)											
(16)											
(17)											
(18)											
(19)											
(20)	······································										
(21)									~		
(22)											
(23)											
(24)											
(25)											
1b	Sub-total		•	•	•		•	<u> </u>			
d	Total from continuation sheets to Part Total (add lines 1b and 1c)					 	•	<u> </u>			
2	Total number of individuals (including but reportable compensation from the organi		l to th	ose	list	ed a	above	e) w	ho received me	ore than \$100,0	· , , , , ,
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5						-	mp	loyee, or high	est compensat	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual										
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or individ	ual 100 500
Section	on B. Independent Contractors										
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.										
	(A) Name and business add	ress							(B) Description of se	ervices	(C) Compensation
N/A								N/A			N/A
			-			_					
2	Total number of independent contracto	rs (includin	na bu	t no	ot I	ımit	ed to	th	ose listed abo	ove) who	

received more than \$100,000 of compensation from the organization ▶

The control of the c		90 (201					Page 9
Total revenue Secretary S	Par	t VIII	Statement of Revenue	lina in Ahia	Ded Mil		
To the first program service revenue. To the first program service revenue. To the first program service revenue. To tall. Add lines 1a-1f. Total. Add lines 1a-1f. Business Code Bu			Check if Schedule O contains a response or note to		(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
d Related organizations 1d 0	. Grants mounts	b	Membership dues 1b 0		Tevenue	_	312-314
9 9 Notices (contributions required by the pairs of the pairs and other similar amounts) 2a 2a 3 Investment in corner (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds ▶ 5 Royalties • Rental income or (loss) • Net gain or (loss) • Net gain or (loss) • Net gain or (loss) • Net gain or (loss) • Net income or floss)	育	d e	Related organizations 1d 0 Government grants (contributions) 1e 0	•••	•	'	
Business Code Business Code	Contribut and Othe		Noncash contributions included in lines 1a–1f·\$	\$229,927.64		, ,	
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 Gross rents 6 Gross rents 6 Gross rents 6 Gross rents 6 Gross rental expenses 7 Gross amount from sales of assets other than inventory 6 Gross amount from sales of assets other than inventory 7 Gross amount from sales of assets other than inventory 7 Gross cost or other bass and sales expenses 7 Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 7 7 Gross income from gaming activities. See Part IV, line 19 7 7 7 7 7 7 7 7 7	Revenue	2a	Business Code				
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 Gross rents 6 Gross rents 6 Gross rents 6 Gross rents 6 Gross rental expenses 7 Gross amount from sales of assets other than inventory 6 Gross amount from sales of assets other than inventory 7 Gross amount from sales of assets other than inventory 7 Gross cost or other bass and sales expenses 7 Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 7 7 Gross income from gaming activities. See Part IV, line 19 7 7 7 7 7 7 7 7 7	am Service	d			•		
and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) b Less: direct expenses c Net income or (loss) from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less. direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less. cursot of gouds sold b Less. cursot of gouds sold b Less. cursot of gouds sold b Less. cursot of gouds sold c All other revenue e Total. Add lines 11a-11d	Progr	g	Total. Add lines 2a–2f				ļ
Page 1999 Page 200 Page 20		l	and other similar amounts)	:			
Ta Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		b c	Gross rents Less: rental expenses Rental income or (loss)				
and sales expenses . C Gain or (loss) . d Net gain or (loss) . Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		7a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other				, ,
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		С	and sales expenses . Gain or (loss)			3 1 I	· 'I''
c Net income or (loss) from fundraising events . ▶ 9a Gross income from gaming activities. See Part IV, line 19 a b Less. direct expenses b c Net income or (loss) from gaming activities . ▶ 10a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold b c Net income or (loss) from sales of inventory . ▶ \$646.13 Miscellaneous Revenue Business Code 11a b C All other revenue	venue	8a	Gross income from fundraising events (not including \$,			, , ,
c Net income or (loss) from fundraising events . ▶ 9a Gross income from gaming activities. See Part IV, line 19	ther Re	ь	See Part IV, line 18 a	,			
c Net income or (loss) from gaming activities . ▶ 10a Gross sales of inventory, less returns and allowances	0	С	Net income or (loss) from fundraising events . Gross income from gaming activities.				
c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a b c d All other revenue		С	Net income or (loss) from gaming activities Gross sales of inventory, less				
b			Net income or (loss) from sales of inventory ▶	\$646.13	\$646.13	· · · · · · · · · · · · · · · · · · ·	
e Total. Add lines 11a-11d		b					
		е	Total. Add lines 11a–11d ▶	¢220 572 77	¢220 E72 77		

Dantiv	Chatemant of Functional European
Part IX	Statement of Functional Expenses

Sęcuo	Section 50 I(C)(3) and 50 I(C)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a response or note to any line in this Part IX										
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , 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	\$40,622.21	\$40,622.21	-	-						
2	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	\$208,500.00	\$208,500								
4 5	Benefits paid to or for members 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)										
7 8	Other salaries and wages										
9	Other employee benefits										
10	Payroll taxes [
11	Fees for services (non-employees):										
а	Management										
b	Legal				·						
c	Accounting										
ď	Lobbying										
		· · · · · · ·									
e	Professional fundraising services. See Part IV, line 17										
f 	Investment management fees				 						
g	Other (If line 11g amount exceeds 10% of line 25, column		i								
	(A) amount, list line 11g expenses on Schedule O.)										
12	Advertising and promotion										
13	Office expenses	43.18		43.18							
14	Information technology										
15	Royalties										
16	Occupancy										
17	Travel										
18	Payments of travel or entertainment expenses			· · · · · · · · · · · · · · · · · · ·							
	for any federal, state, or local public officials		İ		1						
19	Conferences, conventions, and meetings .	-		· · · · · · · · · · · · · · · · · · ·	<u> </u>						
20											
21	Interest										
	· · · · · · · · · · · · · · · · · · ·										
22	Depreciation, depletion, and amortization .										
23	Insurance				· · · · · · · · · · · · · · · · · · ·						
24	Other expenses. Itemize expenses not covered										
	above (List miscellaneous expenses in line 24e. If		1		ļ						
	line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O.)										
а	State and City taxes	\$81.12		81.12							
þ	Bank Fees	\$182.73		\$182.73							
С			<u></u>								
d											
е		\$2,738.25	\$2,738.25	0							
25	All other expenses Total functional expenses. Add lines 1 through 24e	\$252,167.49	\$251,860.46	\$307.03							
26	Joint costs. Complete this line only if the	,			· · · · · · · · · · · · · · · · · · ·						
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here										
	following ŠOP 98-2 (ASC 958-720)				<u> </u>						

\$51,480,85 Form **990** (2018)

P	art X	Balance Sheet			
一、		Check if Schedule O contains a response or note to any line in this Pai	rt X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	\$73,074.57	1	\$51,480.85
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	• • • • • • • • • • • • • • • • • • • •
	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	
	6	Loans and other receivables from other disqualified persons (as defined under section 1958(f)(1)), persons described in section 4958(c)(3)(D), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	- , o 4		
ete	_	- · · · · · · · · · · · · · · · · · · ·		6	
Assets	7	Notes and loans receivable, net		7	· ·
	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			
	b	Less: accumulated depreciation 10b \$2572.34	0	10c	0
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	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)	\$73,074.57	16	\$51,480.85
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
S	22 -	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	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			
	20	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	0		0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			<u>_</u>
es		complete lines 27 through 29, and lines 33 and 34.			1
JUE	27	Unrestricted net assets		27	,
3ak	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and □			
F		complete lines 30 through 34.			Ĭ
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.	\$73,074.57		\$51,480.85
<u>e</u>	33	Total net assets or fund balances	\$73,074.57 \$73,074.57		\$51,480.85 \$51,480.85
~	34	Total liabilities and net assets/fund balances	\$73,074.57 \$73.074.57		\$51,480.85 \$51,480.85
_			*13.717.31		<u> </u>

Page	1	2

Form 990 (2018)

Parl	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>	. .	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		\$230,5	573.77
2	Total expenses (must equal Part IX, column (A), line 25)	2		\$252,1	67.49
3	Revenue less expenses. Subtract line 2 from line 1	3		(\$21,5	93.72)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		\$73,0	74.57
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		\$51,4	80.85
Part	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	• •	· · · ·		بل
	Assessment and the description of the Company of th			Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other		-		1
	If the organization changed its method of accounting from a prior year or checked "Other," expected to the control of the organization changed its method of accounting from a prior year or checked "Other," expected to the organization changed its method of accounting from a prior year or checked "Other," expected to the organization changed its method of accounting from a prior year or checked "Other," expected to the organization changed its method of accounting from a prior year or checked "Other," expected to the organization changed its method of accounting from a prior year or checked "Other," expected to the organization changed its method of accounting from a prior year or checked "Other," expected to the organization of the orga	olain i	n		
0-	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		-
28	· · · · · · · · · · · · · · · · · · ·				
	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:	ollea c	or		
	Separate basis Consolidated basis Both consolidated and separate basis				ıİ
h	Were the organization's financial statements audited by an independent accountant?		. 2b		7
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	 .d.o.n.			
	separate basis, consolidated basis, or both:	u on	a		
	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 over	areiat	,, 		
•	of the audit, review, or compilation of its financial statements and selection of an independent accou				
	If the organization changed either its oversight process or selection process during the tax year, ex				
	Schedule O.	piani i	"		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n		
	the Single Audit Act and OMB Circular A-133?		. За		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not unde	rgo th	e		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
•			For	n 990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

	_	Education						13707		
Pa		Reason for Public Cha				· · · · ·		ons.		
The		ization is not a private founda		•		-	•			
1		church, convention of churc						/)4		
2		school described in section								
3		hospital or a cooperative ho								
4		medical research organizations or medical research organization or medical research and state or medical research or medical r		onjunction with a hos	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the		
5	S	n organization operated for ection 170(b)(1)(A)(iv). (Com	plete Part II.)			•	, -	tal unit described in		
6 7										
8		community trust described i	n section 170(b))(1)(A)(vi). (Complete	Part II.)					
9	o u	n agricultural research organ r university or a non-land-gra niversity:	int college of agr	riculture (see instruction	ons). Ente	er the nar	ne, city, and state of	f the college or		
10	re Si	n organization that normally eceipts from activities related upport from gross investmen cquired by the organization a	to its exempt fu t income and un	nctions—subject to c related business taxa	ertain ex ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its		
11		n organization organized and	l operated exclus	sively to test for publi	c safety.	See sect	ion 509(a)(4).			
12	0	n organization organized and f one or more publicly suppo heck the box in lines 12a thro	orted organizatio	ns described in sect	ion 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).		
а		Type I. A supporting organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	gority of t				
b		Type II. A supporting orga control or management of organization(s). You must	the supporting o	organization vested in	the same					
С		Type III functionally integ its supported organization						ally integrated with,		
d		Type III non-functionally that is not functionally integredurement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an			
е		Check this box if the organ functionally integrated, or						e II, Type III		
f	Ent	er the number of supported o	organizations .							
g	Pro	vide the following information	n about the supp	orted organization(s).						
	(i) Na	me of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
		·			Yes	No				
(A)								_		
(B)										
(C)	-,									
(D)										
(E)								,		
										

•	(Complete only if you checked the Part III. If the organization fails to						alify under
Sect	on A. Public Support	quality unde	or the tests he	sted below, p	icase comple	ste i art iii.j	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			(,,====	(4)	(,,==,	17,1012
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	·		r			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		1				
	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) ² 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4		/				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		<i>f</i>	,	ig g		
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.)						3
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop here			<u> </u>	· · · · ·		▶ 🗆
	on C. Computation of Public Support	Percentage	e				
14	Public support percentage for 2018 (line 6)					14	<u></u>
15	Public support percentage from 2017 Scho					15	<u>%</u>
16a	33 ¹ / ₃ % support test—20 ¹ 18. If the organiz box and stop here. The organization quali						
b	331/3% support test - 2017. If the organiz						
J	this box and stop here. The organization of						
17a							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization me supported organization	on meets the eets the	e "facts-and-c	ercumstances" stances" test.	test, check t	his box and s	a, and line stop here. a publicly
18	Private foundation. If the organization did				, or 17b, checl	this box and	▶ □

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees		
received. (Do not include any "unusual grants.") \$249,601.88 \$232,015.26 \$238,275.55 \$128,641.83	\$229.927.64	\$1,078,462.16
2 Gross receipts from admissions, merchandise	V 220,027.04	V1,010,402.10
sold or services performed, or facilities furnished in any activity that is related to the		
organization's tax-exempt purpose \$334.91 \$201.28 \$545.72 \$558.76	\$646.13	\$2,286.80
3 Gross receipts from activities that are not an	4010.10	VZ,Z30.30
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 \$249,936.79 \$232,216.54 \$238,821.27 \$129,200.59	\$230.573.77	\$1,080,748.96
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 \$232,173.12 \$148,964.25 \$201,191.84 \$109,974.56	\$191,365.87	\$883,669.64
c Add lines 7a and 7b		
8 Public support. (Subtract line 7c from		
line 6.)		\$194,792.52
Section B. Total Support		
Calendar year (or fiscal year beginning in) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017	(e) 2018	(f) Total
9 Amounts from line 6 \$249,936.79 \$232,216.54 \$238,821.27 \$129,200.59	\$230,573.77	\$1,080,748.96
10a Gross income from interest, dividends,		
payments received on securities loans, rents,		
royalties, and income from similar sources .		
b Unrelated business taxable income (less		
section 511 taxes) from businesses		
acquired after June 30, 1975		
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.)		
13 Total support. (Add lines 9, 10c, 11,		
and 12.)		
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax ye organization, check this box and stop here		
Section C. Computation of Public Support Percentage	145	
Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	55.90 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	20.06 %
17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	0/
17 Investment income percentage for 2016 (line 100, column (i), divided by line 13, column (i))	18	<u>%</u> %
19a 33¹s% support tests—2018. If the organization did not check the box on line 14, and line 15 is more		
17 is not more than 331/3%, check this box and stop here . The organization qualifies as a publicly suppo		
	_	_
line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly su	innorted order	ization - 🗀

Part IV Supporting Organizations

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

Sect	ion A. All Supporting Organizations		,	
1	Are all of the organization's supported organizations listed by name in the organization's governing	r	Yes	No
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	_	
2	Did the organization have any supported organization that does not have an IRS determination of status	ļ		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	<u> </u>		
20	organization was described in section 509(a)(1) or (2).	2		ļ
Ja	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	20		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	3a	<u> </u>	<u> </u>
_	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	ļ		
	organization made the determination.	3b	_	
С	Sample of the second of the se			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	4a		<u> </u>
J	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	ŀ		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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)			
5 -	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN	ĺ		
	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		i i	
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
_	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
8	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
•	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	-		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
_	ın section 509(a)(1) or (2))? If "Yes," provide detail ın Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b]	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.			
100	Was the organization subject to the excess business holdings rules of section 4943 because of section	9c		
ıva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			1
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			<u> </u>

determine whether the organization had excess business holdings.)

10b

Page	ŧ

Part	Supporting Organizations (continued)		•	
<u> </u>			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 VI.	11c		
	on B. Type I Supporting Organizations	L		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Γ	· · · · ·	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported] '
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		,	
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		!	
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	on or type it depressing organization		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		<u> </u>	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
·	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	1		
	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	<u> </u>		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<u> </u>		
	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		
Section	on E. Type III Functionally Integrated Supporting Organizations	لتبا		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			,
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	[
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			<u>-</u>
	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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- 		
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3h		

Schedule A	(Form	990 or	990-FZ	2018

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	Section D—Distributions					
1	Amounts paid to supported organizations to accomplish		. =			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	ınızatıons			
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.					
	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive			
9	Distributable amount for 2018 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
		413	(ii)	(iii)		
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2018					
	(reasonable cause required—explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2018					
<u>ä</u>	From 2013	,				
<u> </u>	From 2014					
	From 2015					
d	From 2016					
f	Total of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to diderdistributions of prior years Applied to 2018 distributable amount					
<u>;-</u>	Carryover from 2013 not applied (see instructions)					
<u>:</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2018 from	-				
•	Section D, line /:					
а	Applied to underdistributions of prior years					
b	Applied to 2018 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.			-		
5	Remaining underdistributions for years prior to 2018, if					
	any. Subtract lines 3g and 4a from line 2. For result			•		
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2018. Subtract lines 3h		, ",-			
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2019. Add lines 3j and 4c.					
8	Breakdown of line 7:					
a	Excess from 2014		• 1			
b	Excess from 2016	,				
c	Excess from 2016					
d	Excess from 2017					
<u>-</u>	Excess from 2018					

Page	8

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

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SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

2018

Employer Identification number

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

OMB No 1545-0047

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

Open to Public Inspection

Friends for Education 27-1913707 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total employees, agents, and region (by type) (such as, fundraising, program services, investments, grants to recipients a program service, describe specific type of expenditures for and investments of offices in the region independent service(s) in the region in the region contractors located in the region) in the region (1) India Education 0 0 Grants to public charities \$208,500.00 (2) (3)(4)(5) (6) (7) (8) (9) (10)(11) (12)(13)(14)(15)(16)(17)Subtotal За Total from continuation sheets to Part I c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2018

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

(1) Indea Adult and Youth Educ 108800 CheckWife 00 NIA (2) Indea Farm Tranning Youth 100000 CheckWife 00 NIA (3) (4) (6) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	-	organization	section and EIN (if applicable)		grant	cash grant	cash disbursement	noncash assistance	of noncash assistance	(book, FMV, appraisal, other)
hides Ferm Training Youth 100000CheckWife 00 MA The rectangly four which the granted into listed above that are recognized as charities by the foreign country, recognized as tax exempt by the RRS, of row which the grantee or course has provided a section 501(c)(3) equivalency letter Filter total number of other organizations listed above that are recognized as charities by the foreign country, recognized as lax exempt by the RRS of row which the grantee or course has provided a section 501(c)(3) equivalency letter Filter total number of other organizations or entities.	Ξ			India	Adult and Youth Educ	108500	CheckWire		00	N/A
Enter total number of recipient organizations listed above that are recognized as charities by the froe gin country, recognized as tax-exempt Enter total number of recipient organizations listed above that are recognized as charities by the first.	(2)			India	Farm Training Youth	100000	Check/Wire		00	N/A
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as lax-exempt by the RNS, or ownich the grantee or counsel has provided a section 601(e)(3) equivalency letter.	(3)				:					
Enter total number of recipient organizations listed above that are recognized as charifies by the foreign country, recognized as tax-exempt by the HS, or for which the grantee or courses has provided a section 501(c)(3) equivalency letter	<u>4</u>									
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as lax-exempt by the IRS, or for which the grantee or counses has provided a section 501(c)(3) equivalency letter	(2)									
Enter total number of recipient organizations listed above that are recognized as charities by the from country, recognized as tax-exempt by the RS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	(9)									
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	3									
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	(8)									
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	(6)									
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 continumber of other organizations or entities	(10)									
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	(11)									
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.	(12)			`						
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	(13)									
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	(14)									
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 Enter total number of other organizations or entities	(15)									
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 Enter total number of other organizations or entities. ▶ 0	(16)									
Enter total number of other organizations of entities	~ .	Enter total nur by the IRS, or	nber of recipie for which the	int organizations lis grantee or counsel	ted above that are recc has provided a section	gnized as charities 501(c)(3) equivaler	s by the foreign coun	try, recognized as t	ax-exempt	2
	2	Enter total nu	noer of other (organizations or en	littles				•	0

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2018

Part III Grants ar

(g) Description (h) Method of valuation of noncash assistance (book, FMV, appraisal, other)																		
(f) Amount of (g) noncash of noncash assistance																		
unt of (e) Manner of cash disbursement						,												
(c) Number of cash grant																		
tarping to the second of the s																		
(a) Type of grant or assistance	(1)	(2)	(2)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(2)

Schedule F	(Form 990	2018
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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; don't file with Form 990)		☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	☑ No
		☐ Yes	N 🔽

Schedule F (Form 990) 2018

Part	P	3	7	t	1
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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.

This year all international donations were in India. First organization is ISKCON known for its philanthropic work in the area of education	<u>n</u>
and has a dedicated volunteer cadre with low cost structure. ISKCON has educational institutions all over India.	
Second institution is Bhagavat Shiksha evan Gauraksha Trust engaged in farm education and alternative life path to youth	
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 20 18 Open to Public Inspection

Employer identification number

Friends for Education							27-1913707
Part General Information on Grants and Assistance	n Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	records to subs	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility fo	or the grants or assistanc	e, and
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ition's procedur	es for monitoring	the use of grant fur	nds in the United	States.		
Part II Grants and Other Assistance to Domestic Or	stance to Do	mestic Organiz	ations and Dom	estic Governm	ents. Complete if	the organization answ	rganizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated it additional space is needed.	recipient that r	eceived more th	ian \$5,000. Part l	i can be duplica	ited if additional s	pace is needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Texas Krishnas, 5430 Gurley Avenue, Dallas, TX.75223	6-0606859		\$5002				Kids education
(2) Vedic Cultural Center,				:			
1420, 228 Ave SE, Sammamish, WA	91-0987890		\$10,370.21				Youth education/Basic nees
(3) Yuga Dharma Ashram 594 W 152nd St, New York, NY 10031	81-3904899		\$7000				Youth Education
(4) Roots							
1415 NE 43rd St, Seattle, WA 98105	91-2110379		\$250				Youth Shelter
(5) Balaram Sustainable Living	82,4106302		18 000				Vouth Shelter and Educatio
(9)						-	
(2)							
	,						
(8)							
(6)						;	
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	01(c)(3) and gov	ernment organiza	tions listed in the li	ne 1 table			ıs
	anizations listed	In the line 1 table					0
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e the Instruction	s for Form 990.		٣	Cat No 50055P		Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Part III Ŋ 0 က 4 9

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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.

2018 Open to Public

Inspection

OMB No. 1545-0047

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

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

Name of the organization Employer identification number Friends for Education 27-1913707 Book sales have inched up slightly on Amazon.com to \$646 New book publication has slowed with few new shipments were needed. However donor base has remained and have provided donations for the purposes of the organization. In 2018 tax period the organization used cash basis for accounting Part VI: 1a: The organization does not have material differences in voting rights, No delegation of governing board's authority to exec committee Part V1 8b: Since there is no delegation of governing board's authority to exec committee or any committee, no separate comittee meetings Part V 13 a: Organization is supporting education so not involved in issuing health plans in any state Part Vi: 11b The process of reviewing the form 990 was an e-mail sent to all the board and then updates made based on verbal and Part VI 12c Since the board was composed of a small group each others actions were monitored in person. There is no written policy or procedure to monitor this compliance Part I: Line 10 The grants were provided to domestic organizations in some cases with international presence and to worldwide organization engaged in educational activities Part VI 14b: Not applicable to purposes of organization The organizational grants are as follows: Grant to Balaram Sustainable Living, an farm training center established in South Carolina - \$18,000 in cash and \$900 for a brick making mc Grants International to a youth school in Salem, TN. India engaged in traditional residential schooling methods \$108,500 Grant to Youth school in NY, NY, USA - Yuga Dharma Ashram - supporting education for 12 youth Grant to Roots - battered youth shelter, based in greater Seattle, WA \$7000 Although books COGS are fully paid for, had to pay for shipping from Gainesville storage center to various parts of the country and Amazon \$1000 Grants to Texas Krishnas for running a traditional school for young kids on holistic value based education \$5002

Schedule O (Form 990 or 990-EZ) (2018)		Page 2
Name of the organization	Employer identification number	
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