(Rev January 2020)

**Return of Organization Exempt From Income Tax** 

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

▶ Do not enter social security numbers on this form as it may be made public. 1

2019

Open to Public ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Dep	rtmei	nt of t	ne/Treasury		=		is form as it may b	10	71/	Open to P					
Inter			e Service			90 for instruction	ons and the latest in		110	Inspecti	on				
<u>A</u> _				ear, or tax year beginn			, 2019, a	and ending V	T	, 20					
B⊓			pplicable	C Name of organizationSet	wa_Internati	onal Inc		<del></del>	D Empl	loyer identification num	iber				
H	_		hange	Doing business as			_		20-0638718						
H		e cha	_	Number and street (or P C		red to street address	<del>)</del> )	Room/suite	E Telephone number						
		il retur		100 W Oaks Mall						(281) 258-47	<u> 197                                    </u>				
			n/terminated	City or town, state or prov		foreign postal code			<b>G</b> Gros	ss receipts					
님		nded		Houston, TX 770					\$	7,985					
Ш	Appl	lication	n pending	F Name and address of pnn	icipal officer		. 2		-	for subordinates? Yes	===				
-	_			L	.a. [			<del></del>		tes included? Yes	∐ No				
<u> </u>			ot status X 501		) (insert no )	4947(a)(1) or	527			st (see instructions)					
<u></u>				ewausa.org	П	<del></del>		H(c) Grou							
K D	Form art		ganization X Con	poration Trust Asso	ociation Unther		L Year of formation	on 2003 M	State of leg	gal domicile GA					
Г	211		Summary												
		1	-	he organization's missio	•					BASED CHARI					
ce				S REGARDLESS OF						TO "SERVE HUI					
nar				S", AID LOCAL CO	OMMUNITIES A	ND PROMOTE	VOLUNTEERIS	M. SEWA HAS	42 CH	APTERS IN US					
Ver		•	STATES.	U if the argenization	diagonation and its on			FOV -5-1							
Ó				If the organization					1	1	_				
රේ		3	_	g members of the govern	• • •	•	RECE	INFO	. 3						
ties		4	•	endent voting members			19	:	. 4	<del></del>	5				
Activities & Governance		5		individuals employed in o	•	(Part V, line 2a)	12 OCK 1	5 2020	· 5		10				
Ac		6		volunteers (estimate if no iusiness revenue from Pa				( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		2,	081				
						•	7000	12 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· 7a						
	$\pm$	ט	Net unrelated but	siness taxable income fr	om Form 990-1, III	<u>ie 39</u>		<u> </u>	. 7b		0				
		8	Contributions and	d grants (Part VIII, line 1	ы.			Pnor Year		Current Year					
힏		9		revenue (Part VIII, line 2	•			4,10	6,948	7,130	0,872				
ent	.	10	-	ne (Part VIII, column (A)	•	١ .		/10	1,245)	714	5,066				
Revenue	١.	11		Part VIII, column (A), line					2,768		3,000 3,9 <b>4</b> 7				
-		12		idd lines 8 through 11 (m					8,471		5,885				
_	-	13		ar amounts paid (Part IX					1,190		5,944				
	.	14		or for members (Part IX,						37,73,9	0				
ك	•	15	Salanes, other co	ompensation, employee	benefits (Part IX, c	olumn (A), lines	5-10)	. 51:	3,895	329	9,780				
Expenses	•	16a	Professional fund	draising fees (Part IX, co	olumn (A), line 11e)						0				
) en		b	Total fundraising	expenses (Part IX, colu	mn (D), line 25)	<b>&gt;</b>	138,880								
X	`  ·	17	Other expenses	(Part IX, column (A), line	es 11a-11d, 11f-24e	)		. 75:	1,654	643	3,155				
,	•	18	Total expenses	Add lines 13-17 (must e	qual Part IX, colun	n (A); line 25)		. 2,75	6,739	4,709	879				
<u>.                                    </u>		19	Revenue less ex	penses Subtract line 18	8 from line 12 🛭 🖠	_RECI	31\100 E		1,732		5,006				
_ 6	Ses				la la		IVED	Beginning of Curr	ent Year	End of Year					
	Fund Balances	20	Total assets (Par	t X, line 16)	<u>[</u> §	₹l··JUN a r		4,88	5,056	8,168	3,190				
Z	<u>0</u>	21	Total liabilities (P	art X, line 26)	<b>.</b> [:=	<u> </u>	' .	· 3·	7,809	4.4	1,934				
_				nd balances Subtract lin	ne 21 from line 20	000		4,84	7,247	8,123	3,256				
_	art		Signature			- OGDEN	V, UT =								
				that I have examined this return tion of preparer (other than offic				if my knowledge and bela	ef, it is						
				0/	andoat	VP F	9.00 E	<b>→</b>		0/20/2	036				
Sig	n		V Santh Signature of C	nanaraman i VV	100 100 V	VIOLINE	mce & CF	<u>U</u>	Da	4/29/2	$v\omega$				
He					,				Ųa						
110				nanaraman, CFO name and title											
		—	Print/Type preparer		Preparer's signature		Date	- Chara	<u> </u>	PTIN					
Pa	id				a the	fin		Check	_						
		ırer	Ganga Thia		sociates LLP	4	09-29-20	Firm's EIN	nployed	P00069546					
	•	nly			Fwy Ste 960			Phone no							
			i am s address	Houston !	_			Friorie no	713-	774-6533	`				
May	the	IRS	discuss this return	m with the preparer show		tructions) .		• • • • • • • •	<u> /13-</u> 		No				
_				ct Notice, see the sepa					-	Form 990					
	•			•							,				

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Pai	t III Statement of Program Service Accomplishments
,	Check if Schedule O contains a response or note to any line in this Part III
1	Bnefly, describe the organization's mission
6.4	SEWA INTERNATIONAL IS A FAITH BASED CHARITY THAT SERVES REGARDLESS OF RACE, COLOR, GENDER &
-	NATIONAL ORIGIN. MISSION IS TO "SERVE HUMANITY IN DISTRESS", AID LOCAL COMMUNITIES AND PROMOTE
	VOLUNTEERISM. SEWA HAS 42 CHAPTERS IN US STATES.
	VOLUNIEBRISM. SUMA MAS 42 CHARIERS IN VS STATES.
7	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ? · · · · · · · · · · · · · · · · · · ·
	•
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$1,600,656 including grants of \$334,823 ) (Revenue \$)
	Various program expenses related to Disaster Recovery, Rehabilitation and such activities in USA,
	India & various other countries. In 2019 the focus was on Hurricane Harvey recovery in Rosharon,
	Brazoria County, Texas. 22 homes rebuilt, 61 Greenhouses repaired, 225 homes supplied with
	appliances & furniture. 140000 voluntary hours utilized in rebuilding efforts.
46	(Code ) (Fuence C ) 1 100 000 visiting and of C
4b	(Code) (Expenses \$1,108,877 including grants of \$) (Revenue \$)
	Child Welfare and education programs in rural India started to build schools in remote villages
	and create facility for the poor. A safe place to acquire academic knowledge n get the nurishment
	needed for the development of poor children.
4c	(Code ) (Expenses \$ 1,022,093 including grants of \$ ) (Revenue \$ )
4c	(Code) (Expenses \$1,022,093 including grants of \$) (Revenue \$) Other Program Services
4c	
	Other Program Services
4c	Other Program Services  Other program services (Describe on Schedule O )
	Other Program Services

	(2019	

Sewa International Inc

1 ABP GILON Page 3

Part IV	Checklist o	of	Req	uirec	1	Schedules

-			T	
1	Is the orgànization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	x	
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		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		X
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		v
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	H		X
•	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	۴		X
٠	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,	-		Х
•		_		l
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_ X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			l
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	l		l
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	١.		l
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	١.,		l
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable		-	l
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	l		l
	complete Schedule D, Part VI	11a	_X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	l		l
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	<del></del>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	l		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	l		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	200 000 1000 1000			
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E · · · · · · · · · · · · · · · · · ·	13_		x
14a	Did the organization maintain an office, employees, or agents outside of the United States? • • • • • • • • • • • • • • • • • • •	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
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	х	
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		X
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		х_
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	х	
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		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
EEA		Form 9	90 (20	19)

Га	TETA CHECKHIST OF REquired Schedules (continued)			
22	Old the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	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	22		X
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J · · · · · · · · · · · · · · · · · ·	23		ų.
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	-23		Х
2-74	\$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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		┢ˆ
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	<u> </u>		
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	$\vdash$	$\vdash$
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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	<u> </u>		<u> </u>
	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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		_	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key		<u> </u>	<u> </u>
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
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		х
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		x
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
D-	19° Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V	• • •		للبلم
٠.	Estable and beautiful Day 0.45 at 1000 Estable 1.1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		_	
	reportable gaming (gambling) winnings to prize winners?	1c	X	

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Par	tW Statements Regarding Other IRS Filings and Tax Compliance (continued)				
٠,		1		Yos	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	10			
- <b>p</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
	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		х
-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		L
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		х
þ	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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? · · · · · · · · · · · · · · · · · · ·		5c	L	ļ
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		İ
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	ا ا	X_
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	:			
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · · ·				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • •		7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required	d?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? + + + +		7h	х	
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?	<i>.</i>	8		х
9	Sponsoring organizations maintaining donor advised funds.				İ
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		х
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		x
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12· · · · · · · · · · · · · · · · · · ·				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·				
þ	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		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	is the organization licensed to issue qualified health plans in more than one state?		_13a		
	Note: See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand	1			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	!	14b		
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	,			
	excess parachute payment(s) during the year?		15		х
	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		х
	If "Yes," complete Form 4720, Schedule O				

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "	No"		
,	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
_	Check if Schedule O contains a response or note to any line in this Part VI			<u>. X</u>
<u>Sec</u>	tion A. Governing Body and Management			
-	,		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year · · · · · · · · · · 1a 5			
	If there are material differences in voting rights among members of the governing body, or			
-	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		X
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body? • • • • • • • • • • • • • • • • • • •	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9_		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	_X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	Х	
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	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?	45-		
a	The organization's CEO, Executive Director, or top management official	15a	X	
b		15b	х	
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			
IVa	with a taxable entity during the year?	46.		
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		<u>x</u>
Ü	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	•	16h		
Sec	organization's exempt status with respect to such arrangements?	16b	l	
17	List the states with which a copy of this Form 990 is required to be filed			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
. •	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website     Another's website     Upon request    Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year			
20	· · · · · · · · · · · · · · · · · · ·			
	State the name, address, and telephone number of the person who possesses the organization's books and records  Ventors South Control of the person who possesses the organization's books and records			
	Venkata Santhanaraman (281)258-4797, 100 W Oaks Mall, Houston, TX 77082-1764			

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Sewa International Inc

20-0638718

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

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

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

- **1a** Compilete 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

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

See instructions for the order in which to list the persons above

(A) Name and title	(B) Average hours per week	box	unles	Pos eck m ss per	son is	nan one s both ar /trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	organization and related organizations
(1) Ramesh Bhutada Chairman of the Board	5.00	х						0	0	0
(2) Sarojini Gupta	5.00								- <del></del>	
Director		х						o	0	0
(3) Manohar Shinde	5.00		Ī							-
Director		х	ļ					0	o	0
(4) Shridhar Talanki	5.00									
Director		х							О	0_
(5) Mukesh Goel	5.00									
Director		х						0	0	0
(6) Sree Sreenath	40.00									
CEO n President			$\Box$	х				0	0	0
(7) Venkata Santhanaraman	25.00									
CFO n VP Finance			Щ	Х				0	0	0
(8) Arun Kankanı	2500									
COO n EVP				х				0	0	0
(9) SWADESH KATOCH	1500									
VP Disaster Relief				Х			_	0	0	0_
(10)ASHWANI GARG	2500							_	:	
VP ADMIN				х			$\dashv$	0	0	0
(11) ANIL DESHPANDE				ı				_		
VP Information Technology			$\rightarrow$	х				0	0	0
(12)SANDEEP KHADKEKAR	25.00									_
VP Marketing n Development	1 25 22		$\dashv$	Х		$ \dashv$		0	0	0
(13)Syam Kosiqi	25.00			,			-			^
VP Organization	05.00		$\dashv$	х			$\dashv$	0	00	0
(14)Prem_Pusuloori VP Programs				x				o	0	^
vr riograms					i					0

-	(A) Name and title	(B) Average hours per week	(C)  Position (do not check more than one box unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E)  Reportable compensation from related organizations		(F) Estimated amount of other compensation from the		
-		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099-		organization related organi		
<u>(15)</u>														
(16)														
(17)														
(18)											- •		<del></del>	
(19)														
(20)														
(21)									-					
(22)														·
(23)														
(24)														
(25)				-										
1b c	Subtotal	ion A			• •	• •		. •						
d	Total (add lines 1b and 1c)							· •	0					0
2	Total number of individuals (including but not limite reportable compensation from the organization		ited ab	ove)	who	rec	eived	mor	re than \$100,000 of					0
													Yes	No
3	Did the organization list any former officer, director				, or l	_			nsated					
4	employee on line 1a? If "Yes," complete Schedule. For any individual listed on line 1a, is the sum of re				and							3		Х
	organization and related organizations greater than	\$150,000?	If "Yes	" co	mple	ete S	Schedu	ile J	for such					
5	Individual · · · · · · · · · · · · · · · · · · ·											4		х
3	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes,"			_			_					5		x
Secti	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the compensation of the co													
	compensation from the organization Report compo	ensation for t	the cal	enda	ır ye	ar ei	nding	with	or within the organ (B)	zation's ta	x year			
	Name and business address	s							Description of service	es		(C) Compens	ation	
										······································				
2	Total number of independent contractors (including received more than \$100,000 of compensation from			hose ►		ed al	bove)	who	1					

Page 8

Form 990 (2019) 20-0638718 Sewa International Inc Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Total revenue Unrelated Revenue excluded Related or exempt function revenue business revenue from tax under sections 512-514 1a Federated campaigns . . . . . . . 1a 1b Contributions, Gifts, Grants and Other Similar Amounts 1c Fundraising events . . . . . . . . . 2,939,160 1d Government grants (contributions) . . 1e 13,525 All other contributions, gifts, grants, and similar amounts not included above 1f 4,178,187 Noncash contributions included in 1g Total, Add lines 1a-1f 7,130,872 **Business Code** Program Service Revenue All other program service revenue . . . . . . g Total. Add lines 2a-2f Investment income (including dividends, interest, and 129,737 129,737 Income from investment of tax-exempt bond proceeds 5 (i) Real | 6a 6a Gross rents · · · · · · 6b b Less rental expenses · · c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities 7a Gross amount from sales of assets other than inventory Less cost or other basis 586,329 Other Revenue 7b and sales expenses . . c Gain or (loss) . . . . . 7c 586,329 d Net gain or (loss) · · · · · · · · 586,329 586,329 8a Gross income from fundraising events (not including \$ 2,939,160 of contributions reported on line 1c) See Part IV, line 18 8a **b** Less direct expenses . . . . . . . . . c Net income or (loss) from fundraising events 9a Gross income from gaming 9a activities, See Part IV, line 19 . . . . . . **b** Less direct expenses . . . . . . . . c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . . 10a 10b b Less cost of goods sold . . . . . . . . c Net income or (loss) from sales of inventory . . . . . . . . **Business Code** 11a EVENT TICKET SALES 900099 82,897 82,897

900099

900099

55,925

138,947

7,985,885

125

55,925

855,013

125

0

b REGISTRATION FEES

e Total. Add lines 11a-11d

Total revenue. See instructions

d All other revenue

C MISC REVENUES

#### Form 990 (2019) Sewa International Inc 20-0638718 Page 11 **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) ١, Beginning of year End of year ì Cash - non-interest-bearing 1,112,554 1 1,169,288 2 2 3 Pledges and grants receivable, net 450 3 14,413 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net Assets 8 . . . . . . . . . . 9 Prepaid expenses and deferred charges 17,407 9 2,710 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . . . . 10a Less accumulated depreciation · · · · · · · · · · 10b b 13,316 10c 9,710 10,053 11 Investments - publicly traded secunties ......... 837,278 11 12 2,907,657 12 6,966,726

**▶** X

Total assets. Add lines 1 through 15 (must equal line 33) ......

Accounts payable and accrued expenses ...........

Tax-exempt bond liabilities ............

controlled entity or family member of any of these persons ......

Capital stock or trust principal, or current funds

Total net assets or fund balances ..............

Total liabilities and net assets/fund balances .......

Total liabilities. Add lines 17 through 25

Escrow or custodial account liability Complete Part IV of Schedule D

trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other payables to any current or former officer, director,

Secured mortgages and notes payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X.

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here

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

Retained earnings, endowment, accumulated income, or other funds

and complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

and complete lines 29 through 33.

EEA

Net Assets or Fund Balances

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

iabilities

8,168,190 Form **990** (2019)

8,123,256

13

14

15

16

17

18 19

20

21

22

23

24

25

26

27

28

29

31

32

4,885,056

37,809

37,809

3,117,283

1,729,964

4,847,247

4,885,056

5,000

44,934

44,934

6,715,466

1,407,790

8,168,190

Form	990 (2019) Sewa International Inc	<u>20-063</u> 871	8	Pa	age 12
Pa	rt 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	7,	985,	885
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,	709,	879
-3	Revenue less expenses Subtract line 2 from line 1	3	3,	276,	006
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,	847,	247
5	Net unrealized gains (losses) on investments	5			
76	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor penod adjustments	8			3
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	8,	123,	256
Pa	rt XII Financial Statements and Reporting	·			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			$\cdot \square$
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🗵 Accrual 📗 Other			i	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			•	
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		Х
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 on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (	2019)

# SCHEDULE A

**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.

OMB No 1545-0047 2019

(Form 990 of 990-EZ) Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	me of the organization Employer identification number							
Saw	wa International Inc 20-0638718							
	Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions							
The	omar	nization is not a private foundation beca		<del></del>			1	71/
Ť	Ň	A church, convention of churches, or		=			į	)_X
2	Ħ	A school described in section 170(b)(				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(	<i>J</i> 1
3	Ħ	A hospital or a cooperative hospital se				i)		
4	Ħ	A medical research organization opera	-			•	(A)(iii) Enter the	
•	ш		ated in conjunction	with a nospital described	" Section	170(1)(1)	(A)(III). Liner the	
_	П	hospital's name, city, and state	£4 - £ 11				1	
5	Ц	An organization operated for the bene	ŭ	niversity owned or opera	ied by a go	vemmenta	ii unit described in	
		section 170(b)(1)(A)(iv). (Complete P	·					
6	닏	A federal, state, or local government of	=					
7	X	An organization that normally receives	s a substantial part	of its support from a gov	ernmental	unit or from	n the general public	
	_	described in section 170(b)(1)(A)(vi).	(Complete Part II )					
8	$\sqcup$	A community trust described in section	n 170(b)(1)(A)(vi).	(Complete Part II)				
9		An agricultural research organization of	described in <b>sectio</b> i	n 170(b)(1)(A)(ix) operat	ed in conju	nction with	a land-grant college	
		or university or a non-land-grant colleg	ge of agriculture (se	ee instructions) Enter the	e name, cit	y, and state	e of the college or	
		university						
10		An organization that normally receives	(1) more than 33	1/3% of its support from	contributio	ns, membe	ership fees, and gross	
	_	receipts from activities related to its ex	xempt functions - se	ubject to certain exceptio	ns. and (2)	no more t	han 33 1/3% of its	
		support from gross investment income	•	•				
		acquired by the organization after Jun		•		· -		
11	П	An organization organized and operati		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			
12	H	An organization organized and operat	•	,			carny out the nurnoses	
-	ш	· ·	-	•				
		of one or more publicly supported orga						
	_	Check the box in lines 12a through 12				•		g
	а	Type I. A supporting organization				•		
		the supported organization(s) the		•	y of the dir	ectors or tr	ustees of the	
	_	supporting organization You mus	•					
	b	Type II. A supporting organization	•			_		
		control or management of the sup	porting organizatio	n vested in the same per	rsons that o	control or m	nanage the supported	
		organization(s) You must compl	ete Part IV, Sectio	ns A and C.				
	С	Type III functionally integrated.	A supporting organ	ization operated in conne	ection with,	and function	onally integrated with,	
		its supported organization(s) (see	instructions) You i	must complete Part IV,	Sections A	A, D, and E		
	d	Type III non-functionally integra	ted. A supporting o	rganization operated in o	onnection	with its sup	oported organization(s)	
		that is not functionally integrated	The organization g	enerally must satisfy a di	stribution r	equirement	t and an attentiveness	
		requirement (see instructions) Yo	u must complete	Part IV, Sections A and	D, and Pa	rt V.		
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I, T	Type II, Type III	
		functionally integrated, or Type III				• •	••	
	f	Enter the number of supported organi						
	g	Provide the following information about	at the supported or	anization(s)				L
		Name of supported organization	(n) EIN	(III) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
			(,	(described on lines 1-10		r governing	support (see	other support (see
				above (see instructions))	docum	ent?	instructions)	instructions)
					Yes	No		
		<del></del>			163	- 140		
(A)								
					<del>                                     </del>	<del></del>		
B)								
C)	s)							
					<del></del>	ļ	<u> </u>	
D)			1					
-,					<b>.</b>			
E)					1			
<u>-,                                    </u>								
Total								

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

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

Sec	ction A. Public Support						
	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						······································
-	membership fees received (Do not						
	include any "unusual grants")	2,333,251	1,954,818	4,325,276	4.098.471	7,985,885	20,697,701
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	2,333,251	1,954,818	4,325,276	4,098,471	7,985,885	20,697,701
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)						6,878,087
6							13,819,614
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017 ·	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4 · · · · · · · · · · ·	2,333,251	1,954,818	4,325,276	4,098,471	7,985,885	20,697,701
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	sımılar sources	1,693	421	5,846	2,219	129,737	139,916
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	`					
10	Other income Do not include gain or						•
	loss from the sale of capital assets						
	(Explain in Part VI)						
11	Total support. Add lines 7 through 10						20,837,617
	Gross receipts from related activities, etc. (s.					12	
13	First five years. If the Form 990 is for the or	ganization's fir	st, second, thir	d, fourth, or fift	th tax year as a	section 501(c	)(3)
	organization, check this box and stop here						▶ [
	ction C. Computation of Public Support						
14	Public support percentage for 2019 (line 6, c	olumn (f) divid	led by line 11, o	column (f))		14	66.32 %
	Public support percentage from 2018 Sched					15	71.57 %
16a	33 1/3% support test - 2019. If the organiza						
	box and stop here. The organization qualified						
b	33 1/3% support test - 2018. If the organiza						
	this box and <b>stop here</b> . The organization qu	•		•			_
17a	10%-facts-and-circumstances test - 2019.	_					
	10% or more, and if the organization meets t						
	Part VI how the organization meets the "fact			-	-		
	organization						_
b	10%-facts-and-circumstances test - 2018.	If the organiza	tion did not che	eck a box on lir	ne 13, 16a, 16l	o, or 17a, and l	ine
	15 is 10% or more, and if the organization m					•	
	Explain in Part VI how the organization meet	ts the "facts-an	id-circumstanc	es" test The o	rganization qu	alifies as a pub	olicly
	supported organization						▶ [
18	Private foundation. If the organization did n	ot check a box	on line 13, 16	a, 16b, 17a, or	17b, check thi	s box and see	
	instructions						▶ [

17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . ▶ □ **533 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ □

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . .

PartilV Supporting Organizations

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

Section	Δ ΔΪ	Sun	norting	$\overline{\alpha}$	rganizations
<b>36</b> 00001	A. A.	Jup	porting	$\mathbf{\circ}$	iyailikaliviis

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		163	140
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	Ė		
_	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	<u> </u>		-
_	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
•	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	<u> </u>		
-	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
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)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,	ł		
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action	Ì		
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
0-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	<u> </u>	
Эa	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			
<b>L</b>	In section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b>	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI			
_	the state of the s	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	ا ۵۰		
10a	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> Was the organization subject to the excess business holdings rules of section 4943 because of section	9c	$\vdash \vdash \vdash$	
ıva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	IVa	$\vdash \vdash$	
J	determine whether the organization had excess business holdings )	10b		
	determine who are the organization had exceed business holdings /	1 . 22		

			Vaa	NI-
11	` Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		,	
а	below, the governing body of a supported organization?	11a		
- h	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		
	tion B. Type I Supporting Organizations	110	لـــــا	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	İ		
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	i		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
	Delth- annual to a selection and the selection of the selection of the SSI and		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	٠ [		
2	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		İ	
	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)			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
•	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions	
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			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (	see ir	struci	ions)
2	Activities Test Answer (a) and (b) below.		Yes	No
	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	İ	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		Ţ	_
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Par	t V   Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust	on Nov 20, 1970 (explain	ıın Part VI) See
	instructions. All other Type III non-functionally integrated supporting organiz			_
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
<u>-</u>			(7)111071041	(optional)
	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
	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			
coll	ection of gross income or for management, conservation, or			
ma	intenance 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		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ınst	tructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other	1		
fac	ctors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt-use assets	2	· · · · · · · · · · · · · · · · · · ·	-1
	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1		
	instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		-
	Multiply line 5 by 035	6	<del></del>	
7	Recoveries of prior-year distributions	7		<del>                                     </del>
	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to	$\Box$		
	ergency temporary reduction (see instructions)	6		1
7	Check here if the current year is the organization's first as a non-functionally	integ	rated Type III supporting	organization (see

instructions)

20-0638718

rart v   , Type III Non-runctionally integrated 505(a)(5) Supporting Organizations (continued)						
<u> </u>	tion D - Distributions			Current Year		
-	Amounts paid to supported organizations to accomplish exen					
-2	Amounts paid to perform activity that directly furthers exempt					
	organizations, in excess of income from activity					
_3_	Administrative expenses paid to accomplish exempt purpose	ions				
<u>-4</u>						
_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	- w- · ·				
8	Distributions to attentive supported organizations to which the	e organization is respons	sive			
	(provide details in Part VI) See instructions					
_9_	Distributable amount for 2019 from Section C, line 6	<del> </del>				
<u> 10</u>	Line 8 amount divided by line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019					
	(reasonable cause required - explain in Part VI) See					
	ınstructions					
	Excess distributions carryover, if any, to 2019					
	From 2014					
	From 2015					
	From 2016		4			
	From 2017		<del></del>			
	From 2018					
	Total of lines 3a through e					
	Applied to underdistributions of prior years			,		
	Applied to 2019 distributable amount			<del></del>		
<u>   i                                 </u>	Carryover from 2014 not applied (see instructions)					
<u>j_</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2019 from					
	Section D, line 7 \$					
	Applied to underdistributions of prior years					
	Applied to 2019 distributable amount					
	Remainder Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2019, if					
	any Subtract lines 3g and 4a from line 2 For result					
	greater than zero, explain in Part VI See instructions					
6	Remaining underdistributions for 2019 Subtract lines 3h					
	and 4b from line 1 For result greater than zero, explain in					
	Part VI See instructions			· <del></del>		
7	Excess distributions carryover to 2020 Add lines 3j					
	and 4c			,		
8	Breakdown of line 7					
	Excess from 2015 · · · ·					
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
e	Excess from 2019					

# **SCHEDULE C** (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

▶ Attach to Form 990 or Form 990-EZ

► Complete if the organization is described below. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organ	nizations Complete Part III			
Nam	e of organization			Employer iden	tification number
Se	ewa International Inc				638718
Pa	rt I-A Complete if the	organization is exempt under	section 501(c	) or is a section 527 o	rganization.
1	Provide a description of the orga definition of "political campaign a	nization's direct and indirect political camp	paign activities in Pa	art IV (see instructions for	
2	Political campaign activity expen	· · · · · · · · · · · · · · · · · · ·		<b>&gt;</b> \$	
3		paign activities (see instructions)			
		organization is exempt under			
1		ax incurred by the organization under sec		· · <u>- · ·                                   </u>	
2		ax incurred by organization managers und			
3		dion 4955 tax, did it file Form 4720 for this			
s 4a					
4a b	If "Yes." describe in Part IV				· · · ∐ res→ ∐ No
		organization is exempt under	section 501(c	except section 501/	~)(3)
1	<del></del>	led by the filing organization for section 52	·	, except section so it	<i>5</i> /( <i>6</i> /.
•			•		
2		anization's funds contributed to other orga			
-	• •				
3	·	es Add lines 1 and 2 Enter here and on I			•
3	•	· · · · · · · · · · · · · · · · · · ·	•	▶ ¢	
4		m 1120-POL for this year?			
5		employer identification number (EIN) of a			
•		r each organization listed, enter the amou	•	•	•
		ons received that were promptly and direct		• •	
	· · · · · · · · · · · · · · · · · · ·	r a political action committee (PAC). If add	•	•	
	as a separate segregated fund o	a political action committee (1740) if add	gillorial space is free	T Towns I Home and The Telephone	T .
	(a) Name	( <b>b</b> ) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(	1)		24.4		
(	2)				
(	3)				
(-	4)				
(	5)				
(	6)				

	dule C (Form 990 or 990-EZ) 2019 Sewa Interna	tional Inc			20-0638	
Pa	art II-A Complete if the organization	n is exempt ur	ider section 50°	1(c)(3) and filed	Form 5768 (elec	tion under
_	section 501(h)).			de efficient and account on a		
A	Check ▶ · ☐ If the filing organization belongs to			и апшатео дгоор те	mber's name	
_	address, EIN, expenses, and share	• •				
В	Check ▶ ☐ if the filing organization checked b			<u> </u>	(a) 51-a	
		bying Expenditures			(a) Filing organization's totals	(b) Affiliated group totals
_	(The term "expenditures" n			<del></del>	Organization's totals	group totals
1a						
þ	, , , , , , , , , , , , , , , , , , ,		· -			
C	, , , , , , , , , , , , , , , , , , ,					
d	out of our property of the contract of the con		• • • • • • • •			
e	Total and the barbana and and the same in					
Ť	Lobbying nontaxable amount. Enter the amount f	rom the following ta	ble in both			
	columns		<del></del>	·····	<u> </u>	
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	t is:	}	
	Not over \$500,000		nount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess o	ver \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess o	ver \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov			
	Over \$17,000,000			··		
g	Grassroots nontaxable amount (enter 25% of line	e 1f)				
h	Subtract line 1g from line 1a. If zero or less, enter	r-0- · · · · · ·				
i	Subtract line 1f from line 1c If zero or less, enter	-0				·
j	If there is an amount other than zero on either line	e 1h or line 1i, did th	e organization file Fo	rm 4720		
	reporting section 4911 tax for this year?					Yes No
		_	ng Period Under			
	(Some organizations that made a se	ection 501(h) ele	ection do not have	e to complete all	of the five column	s below.
	See	e the separate in	structions for lin	es 2a through 2f.	)	
					<del></del>	
	Lobby	ying Expenditures	During 4-Year Avera	ging Period		· · · · · · · · · · · · · · · · · · ·
	Calendar year (or fiscal year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
	beginning in)	V/	(,	\-,	(=,, ====	4-7
					ļļ	
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
	• • • • • • • • • • • • • • • • • • • •					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
		·	<u> </u>			
f	Graceroote Johnwan expenditures		I	I	1	

_	dule C (Form 990 or 990-EZ) 2019 Sewa International Inc	20-	<u>-0638</u>	718		⊃age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f	iled F	orm	5768		
	(election under section 501(h)).					
For	eàch "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed		a)		(b)	
	cription of the lobbying activity	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
-	referendum, through the use of					
а	Volunteers?		x			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		х			
С	Media advertisements?		х			
d	Mailings to members, legislators, or the public?		х			
е	Publications, or published or broadcast statements?		x			
f	Grants to other organizations for lobbying purposes?		х			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		х			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		х			
i	Other activities?		х			
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5), (	or se	ction		
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	L	
3				3	L	
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O	K (D)	Paπ	II-A, II	ne s	i, IS
_	answered "Yes."		T. 1			
1	Dues, assessments and similar amounts from members	• •	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).  Current year					
a	Carryover from last year		2a			
D		• •	2b			
C	Total · · · · · · · · · · · · · · · · · · ·	• •	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues · · · · · · · ·	• •	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		١. ا			
_	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	• •	5			
_						
	ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lin	es 1 an	nd			
2 (S	e instructions), and Part II-B, line 1. Also, complete this part for any additional information					

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

► Attach to Form 990.

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

OMB No 1545-0047 2019

Open to Public Inspection

. Name	of the organization		Emi	ployer identification number
	a International Inc			20-0638718
Pa	rt I Organizations Maintaining Donor Advised Fu	inds or Other Similar	Funds or Accounts	s
	Complete if the organization answered "Yes" on	Form 990, Part IV, Iin	e 6	
		(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (dunng year) · · · · ·			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held i	n donor advised	
	funds are the organization's property, subject to the organizatio	n's exclusive legal control	?	· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant	funds can be used	
	only for charitable purposes and not for the benefit of the donor	r or donor advisor, or for a	ny other purpose	
	conferring impermissible private benefit?			· · · · · · · · · · · · · · · · · · ·
Pa	rt II Conservation Easements.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, III	ne 7	
1	Purpose(s) of conservation easements held by the organization	·		
	Preservation of land for public use (e.g., recreation or educ		Preservation of a his	storically important land area
	Protection of natural habitat	,	—	rtified historic structure
	Preservation of open space	•		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution	in the form of a conserv	vation
	easement on the last day of the tax year			Held at the End of the Tax Year
а	•			2a
ь				2b
c	Number of conservation easements on a certified historic struc			2c
đ	Number of conservation easements included in (c) acquired aff	` '		
				2d
3	Number of conservation easements modified, transferred, relea			L-'
•	tax year •	acce, eximgeletted, or terr	milated by the organizat	ion daming the
4	Number of states where property subject to conservation easer	ment is located.		
5	Does the organization have a written policy regarding the perior		handling of	
•	violations, and enforcement of the conservation easements it h			· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, ha			
·	b	riumg or violations, and c	moreing conscivation ca	ascinents during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	a of violations, and enforce	rina conceniation eacem	nente during the year
•	S	g or violations, and emore	sing conservation easem	ients during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)(B)(i)	
•	and section 170(h)(4)(B)( $\mu$ )?			
9	In Part XIII, describe how the organization reports conservation			
•	balance sheet, and include, if applicable, the text of the footnote		•	·
	organization's accounting for conservation easements	e to the organization's fina	inciai statements mat de	scribes the
Pa	rt III Organizations Maintaining Collections	of Art Historical T	reasures or Othe	r Similar Assats
	Complete if the organization answered "Yes" of	•	•	i Ollimai Assets.
1a	If the organization elected, as permitted under FASB ASC 958,	<del></del>		a back we do
14	of art, historical treasures, or other similar assets held for public			
				or public
b	service, provide, in Part XIII the text of the footnote to its financial the expansion elected as possible under EASP ASC 058			and weather and
D	If the organization elected, as permitted under FASB ASC 958,			
	art, historical treasures, or other similar assets held for public e	xhibition, education, or res	search in furtherance of	public service,
	provide the following amounts relating to these items			<b>.</b> .
		· · · · · · · · · · · · · · · · · · ·		
•	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasi		ets for financial gain, prov	vide the
	following amounts required to be reported under FASB ASC 958	•		
a				
<u> </u>	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · ·	<u>···</u> ▶ \$

	ule D (Form 990) 2019 Sewa Internati						20-063		Page 2
Pai								ssets (con	tınued)
3 .	Using the organization's acquisition, accession	n, and other records,	check any	of the follo	wing that ma	ke signif	icant use of its		
`	collection items (check all that apply)								
а	Public exhibition		d	Loan d	or exchange ;	programs	s		
- b	Scholarly research		е	Other					
С	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain h	ow they fu	ther the o	ganization's	exempt p	ourpose in Part		
-	XIII								
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar								
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Pai	rt IV   Escrow and Custodial Arra						-		<del></del>
	Complete if the organization	answered "Yes"	on Form	990, Pa	art IV, line !	9, or re	ported an am	ount on Fo	orm
	990, Part X, line 21						•		
1a	Is the organization an agent, trustee, custodia	in or other intermedia	ry for contr	butions or	other assets	not			
								· · TYes	∏No
b	If "Yes," explain the arrangement in Part XIII a							_	_
	g		•				Aı Aı	mount	
С	Beginning balance					. 1c	+		
d	Additions during the year						_		
e	Distributions during the year						<del></del>		
f	Ending balance						<del></del>		
2a	Did the organization include an amount on Fo							· Yes	□No
	If "Yes," explain the arrangement in Part XIII								Ħ
	rt V   Endowment Funds.	STOOK HOTO II LITO OAP		5 500.1 p.0	71000 0111 01	-			
	Complete if the organization	answered "Yes"	on Form	990. Pa	art IV. line	10			
		(a) Current year	(b) Pric		(c) Two years	1	(d) Three years back	(e) Four y	ears had
1a	Beginning of year balance	(a) Current year	(0) FIR	year	(c) Two years	, back	(d) Three years back	(e) Four y	ears back
b	Contributions					-			
c	Net investment earnings, gains, and								
·	losses · · · · · · · · · · · · · · · · · ·								
d	Grants or scholarships								
	Other expenditures for facilities and		<del></del>	_				<del></del>	
е	programs · · · · · · · · · · · · · · · · · · ·								
	Administrative expenses								
'	End of year balance		<u> </u>					+	
g 2	Provide the estimated percentage of the curre	ent year end halance /	line 1a col	umn (a)) h	eld as	1			
٠,	Board designated or quasi-endowment		inie ig, coi	ullill (a)) li	iciu as				
b	_	^^ %							
_	Term endowment > %	76							
С	The percentages on lines 2a, 2b, and 2c shou	ild agual 100%							
3a	Are there endowment funds not in the posses	•	on that are	held and a	dministered f	for the			
Jd	organization by	Sion of the organization	ייי ניוםנ מוצ	neiu allu a	anninatered l	ioi ine		Г	res No
	(i) Unrelated organizations · · · · · · ·						. <b></b>	· 3a(i)	33 140
	(ii) Related organizations · · · · · · ·							3a(ii)	
ь	If "Yes" on line 3a(ii), are the related organizations	ione listed as require	d on School			. <b></b> .		3b	-
4	Describe in Part XIII the intended uses of the	•						. 301	
Par	rt VI Land, Buildings, and Equip		ment lunds						
. 41	Complete if the organization		on Form	990 Pa	rt IV line 1	11a S4	ee Form 990	Part X line	e 10
	Description of property	(a) Cost or other			r other basis		Accumulated	(d) Book v	
	beautifier or property	(a) Cost of other			other)		epreciation	(u) book (	-ciuo
1a	Land		•		- ,			<del></del>	
b	Buildings								
C	Leasehold improvements		-					<del> </del>	<del></del>
d	Equipment		7 602		E 270		12 216		/2531
u _	Other STMD1	-	7,693		5,370		13,316	-	(253)
Total	Add lines 1a through 1e (Column (d) must e	<del></del>	Column (	3) line 10-	10,306				0,306
rotal	. Add mies ta midugit te (Column (d) must e	quai roilli 990, Part X	, coluinn (t	וווו, נכ	.,. · · · ·			1	0,053

Schedule D (Form	990) 2019 <u>Sewa Internationa</u>	l Inc			20-06387	18 Page 3
Part VIII	Investments - Other Securities.  Complete if the organization answered	"Yes" on Forr	n 990 Part IV	line 11b See	Form 990. P	Part X line 12
· · ·	(a) Description of security or category (including name of security)		(b) Book value		(c) Method of Cost or end-of year	of valuation
(1) Financial	derivatives					
	eld equity interests					
(3) Other						
(AFIDELI	TY INVESTMENTS AC Z48743128		3,812,05	6 FMV		
(BIDB BAI	NK MM BUS 1340015		2,027,14	2 FMV		
(COCIAL)	LY GOOD		200,000	) FMV	- <u>-</u>	
(D)ERRIL	L LYNCH		416,02	7 FMV		
(ECASH E	QUIVALENT		11,50	L FMV		
	SECURED FUND 8683		500,000	) FMV		
(G)						
(H)				_		
Part VIII	n (b) must equal Form 990, Part X, col (B) line 12) Investments - Program Related.		6,966,72	5		
Fartiviii,	Complete if the organization answered	"Yes" on For	m 990 Part IV	line 11c Sec	Form 990 P	art X line 13
<del></del>	<del>-</del>	103 0111 011		110 000		
	(a) Description of investment		(b) Book value		(c) Method of Cost or end-of-yea	
<u>(1) \</u>						
(2)						
(3)						
(4)						
(5)				<u> </u>		
(6)				<del>-</del>		<del> </del>
(7)			<del>-</del>			<del></del> ,
(9)						
<del></del>	n (b) must equal Form 990, Part X, col (B) line 13)		· · · · · · · · · · · · · · · · · · ·		<del></del>	
Part IX	Other Assets.			<u> </u>		
	Complete if the organization answered	"Yes" on Forr	n 990, Part IV, I	ine 11d See	Form 990, P	art X, line 15
	(a) Des	scription				(b) Book value
(1)HOME DI	EPOT GIFT CARD					5,000
(2)						
(3)						
(4)						
(5)						
(6)			···			
(8)						
(9)	(h)		<u> </u>			
Part X	n (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.	· · · · · · · · · · · · · · · · · · ·			· <b>•</b>	5,000
NI. COLON	Complete if the organization answered line 25	"Yes" on Forr	n 990, Part IV,	ine 11e or 1	1f See Form	990, Part X,
1.	(a) Description of liability	(b) Book va	lue			
(1) Federal ı	ncome taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9) <b>7</b> -4-1 (2-1	(h)			•		
Total. (Column (	b) must equal Form 990, Part X, col (B) line 25) • •					

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

Donated services and use of facilities  Recovenes of pnor year grants  Other (Describe in Part XIII )  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII )  Add lines 4a and 4b  Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )  rt XII Reconciliation of Expenses per Audited Financial Statem  Complete if the organization answered "Yes" on Form 990, F  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Prior year adjustments  Other (Describe in Part XIII )  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b	2a   2c   2d	2e 3	
Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12  Net unrealized gains (losses) on investments  Donated services and use of facilities  Recovenes of pnor year grants  Other (Describe in Part XIII )  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII )  Add lines 4a and 4b  Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )  Tt XII Reconciliation of Expenses per Audited Financial Statem  Complete if the organization answered "Yes" on Form 990, F  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Prior year adjustments  Other (Describe in Part XIII )  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	2a   2b   2c   2d	2e	
Amounts included on line 1 but not on Form 990, Part VIII, line 12  Net unrealized gains (losses) on investments  Donated services and use of facilities  Recovenes of pnor year grants  Other (Describe in Part XIII)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII)  Add lines 4a and 4b  Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  rt XII Reconciliation of Expenses per Audited Financial Statem  Complete if the organization answered "Yes" on Form 990, F  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Pnor year adjustments  Other losses  Other (Describe in Part XIII)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII)  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	2a   2b   2c   2d	2e	
Net unrealized gains (losses) on investments  Donated services and use of facilities  Recoveries of prior year grants  Other (Describe in Part XIII )  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII )  Add lines 4a and 4b  Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Prior year adjustments  Other (Describe in Part XIII )  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	2b	<b>—</b>	
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Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  IT XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, F Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	4a	<b>—</b>	
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Add lines 4a and 4b  Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Form 990, Form 990, Part IX, line 25  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII)  Add lines 2a through 2d  Subtract line 2e from line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII)  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		-	
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Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII )  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	Part IV, line 12a		
Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII )  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	• • • • • • • • • • • • • • • • • • • •	1	
Prior year adjustments Other losses Other (Describe in Part XIII ) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	1		
Other losses Other (Describe in Part XIII ) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	2a	_	
Other (Describe in Part XIII )  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	2b	]	
Add lines 2a through 2d	2c	]	
Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII)  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	2d		
Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b		2e	
Investment expenses not included on Form 990, Part VIII, line 7b		3	
Other (Describe in Part XIII )			
Add lines <b>4a</b> and <b>4b</b>	4a		
Add lines <b>4a</b> and <b>4b</b>	4b	1	
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<del> </del>	4c	
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### **SCHEDULE F** (Form 990)

Statement of Activities Outside the United States

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

Department of the Treasury

► Attach to Form 990.

Open to Public

OMB No 1545-0047

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization

Inspection Employer identification number

3ewa	International Inc				20-0638	718
Par			Outside the U	Jnited States. Complete if t	he organization answered '	'Yes" on
1	Form 990, Part IV, line For grantmakers. Does the orga					
'	other assistance, the grantees' el					
	award the grants or assistance?					X Yes 🗌 No
	2.00.00					
2	For grantmakers. Describe in Pa	art V the organ	zation's procedu	res for monitoring the use of its g	grants and other assistance	
	outside the United States					
3	Activities per Region (The follow					T
	(a) Region	(b) Number of offices in	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as,	(e) If activity listed in (d) is a program service,	(f) Total expenditures for
		the region	agents, and independent	fundraising; program services, investments, grants to recipients	describe specific type of service(s) in the region	and investments in the region
			contractors in the region	located in the region)		-
		<u> </u>	The state of the s			
(1) s	outh Asia			Program services		
. , _						
(2)			<u> </u>			
(3)	<u> </u>					
(4)		1	+			
(5)						
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(6)						
(7)					<u> </u>	
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12)		<u> </u>	<u> </u>			
421						
13)			1			
14)						
·			<u> </u>			
15)						
16)						
47)						
17)	Subtotal	<b> </b>	<del> </del>			
3a b	Subtotal · · · · · · · · · · · · · · · · · · ·		<del> </del>		<del>-</del>	<del>                                     </del>
	sheets to Part I					
С	Totals (add lines 3a and 3b)					

Sewa International Inc

20-0638718

(i) Metified of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (h) Description of noncash assistance (g) Amount of noncash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed (f) Manner of cash disbursement Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt (e) Amount of cash grant CHILD WELFAR Family Welfa CHARITABLE (d) Purpose of grant SERVICE by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (c) Region South Asia South Asia South Asia South Asia Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) (a) Name of organization Schedule F (Form 990) 2019

Part II Grant m 9 3 (12) (15) (13) (14) (16) 2 3  $\Xi$ ල 3 9 6 8 (6)

Schedule F (Form 990) 2019

EEA

Sewa International Inc

Schedule F (Form 990) 2019

20-0638718

20-0638718 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 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Part III (12) (18) EF A Ξ 2 9 £ (13) (14) (15) (16) (17) 3 € 9 6 9 3 (8)

Schedule F (Form 990) 2019

Instructions for Form 5713, don't file with Form 990)

Schedule F (Form 990) 2019

EEA

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
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	Information See instructions
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## **SCHEDULE G** (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ

2019

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization						Employer idea	ntification number
.Sewa International Inc						20-06	38718
[Partil] Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17							
Form 990-EZ filers are no		_					
- 1 Indicate whether the organization rais				es Check all that ap	ply		
a Mail solicitations			-	f non-government gra			
<b>b</b> Internet and email solicitations				f government grants			
c Phone solicitations				alsing events			
d In-person solicitations		9 🗆 .	opecial fullul	aising events			
	l		مراجع الممارية				
2a Did the organization have a written or							П.
or key employees listed in Form 990,	•		-	-		∐ Y€	es ∐ No
b If "Yes," list the 10 highest paid individ		undraisers) pu	irsuant to agi	reements under whic	the fundra	iser is to be	
compensated at least \$5,000 by the o	organization						
				ı			т
(i) Name and address of individual			draiser have	(iv) Gross receipts		int paid to ined by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		r control of outlons?	from activity		r listed in	(or retained by)
		Commi	JUIIO1157		∞l	(i)	organization
		Yes	No	]		!	
1						i	
2							
3							
4							
5						2-1	
						i	
6							
7							
8					-		
9							
10							
						}	
Total			•				
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from							
registration or licensing	<b>3</b>						
<u> </u>							
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Schedule G (Form 990 or 990-EZ) 2019 Sewa International Inc 20-0638718 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events 24 Various None (event type) (event type) (total number) Gross receipts . . . . . Less Contributions Gross income (line 1 minus Cash pnzes Noncash prizes Rent/facility costs · · · · · Direct Expenses Food and beverages . . . . . . Entertainment Other direct expenses Direct expense summary Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) Rart IIII Gaming, Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming bingo/progressive bingo Gross revenue . . . . . . . . . Cash pnzes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) · · · · · · · · · · · · · · ▶ Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? If "No," explain

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

If "Yes," explain

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Part

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.

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OMB No 1545-0047 .

**%** □ **Employer identification number** ✓ Yes 20-0638718 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 of assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance SEWA INTERNATIONAL INC Name of the organization

	,		•	,				
Part II Grant	<b>Grants and Other Assistance to Domestic O</b> Part IV, line 21, for any recipient that received r	ssistance to Do	mestic Organizate received more the	ations and Dom	estic Governm I can be duplica	<b>Aganizations and Domestic Governments.</b> Complete if the organization more than \$5,000. Part II can be duplicated if additional space is needed.	f the organization answespace is needed.	<b>rganizations and Domestic Governments.</b> Complete if the organization answered "Yes" on Form 990, more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	ress of organization	, <b>(b)</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) HISD Foundation 4400 West 18th St. Houston. TX. 7709	tion Houston, TX, 7709	74-0424529	501 (3) (c)	\$75,000.00	0.00	0.00 FMV	0.00	Mental Health and Wellness
(2)								
(3)								
(4)								
(5)								
(9)								
(۵)								
(8)								
(6)								
(10)						-		
(11)								
(12)								
2 Enter total r 3 Enter total r	Enter total number of section 501(c)(3) and government o Enter total number of other organizations listed in the line	501(c)(3) and gov rganizations listed	ernment organizat	ions listed in the	line 1 table			<b>A A</b>

Schedule I (Form 990) (2019)

Cat No 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule i (Fc	Schedule I (Form 990) (2019)			į		Page 2
Part III	<b>Grants and Other Assistance to Domestic Individuals.</b> Complete if the organization answered "Yes" Part III can be duplicated if additional space is needed.	mestic Individua space is needed	<b>ils.</b> Complete if the	organization answ	ered "Yes" on Form 990,	on Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
2						
ო				:		
4						
2						
9						
7						
Part IV 1. HISD is th	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and 1. HISD is the largest school district in Texas and sevent largest in the USA. It enrolls approximately 214,000 stundets in Grades Pre	the information re largest in the USA. I	equired in Part I, lin tenrolls approximatel	e 2; Part III, columr y 214,000 stundets in (	on required in Part I, line 2; Part III, column (b); and any other additi SA. It enrolls approximately 214,000 stundets in Grades Pre-K through 12th.	any other additional information. -K through 12th.
2. Approxin	2. Approximately 75 % of the students attending HISD Schools - or about 160,500 children are economically disadvantage. Many of the children and schools they attend have needs that go	hools - or about 160	,500 children are econ	omically disadvantage	. Many of the children and sc	hools they attend have needs that go
beyond wha	beyond what the school district's budget can provide.					
3. Mental He	3. Mental Health and Wellness Support. The HISD to (1). Launch a mental health and wellness initiative district wide through: Introduce yoga in classrooms and provide mindfulness training	aunch a mental hea	alth and wellness initia	tive district wide throu	igh: Introduce yoga in classro	oms and provide mindfulness training
to teacher,	to teacher, staff and students. (2). Rebuild Braeburn through: community fair, dedicated SEWA Wellness Flexible space on Campus, art installation and hydration stations.	ugh: community fair	, dedicated SEWA Wel	lness Flexible space o	n Campus, art installation an	I hydration stations.
4. Description	4. Description of the Project/Methodology: Sewa International Inc will be		tical partner with the f	oundation and the dist	rict to launch the Mental Hea	a critical partner with the foundation and the district to launch the Mental Health and Wellness Support Initiative.
Through ou	Through our partnership, we hope to introduce Yoga in classromms and		vide mindfulness train	provide mindfulness training to teach, staff and students.	students.	
5. Commun	5. Community Fair: Since Hurricane Harvey, Braeburn Elementary students and their families had to adapt to two relocations. Pre Harvey, the Braeburn Campus was a place parents and	mentary students a	nd their families had to	o adapt to two relocati	ons. Pre Harvey, the Braeburr	Campus was a place parents and
community	community members would gather, place of community for the neighborhood. Due to the relocations, the school is "disconnected" from the Braeburn Community. Through a community fair	or the neighborhood	f. Due to the relocation	ns, the school is "disc	onnected" from the Braeburn	Community. Through a community fair
organized ir	organized in partnership with SEWA, we hope to bring community organizations together and invite existing parents and potential parents. This community fair will also give parents the	mmunity organization	ons together and invite	e existing parents and	potential parents. This comm	unity fair will also give parents the
opportunity	opportunity to learn more about SEWA's programming in Houston.	Houston.		:		

# SCHEDULE M (Form 990)

Department of the Treasury

- Internat Revenue Service

**Noncash Contributions** 

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer Identification number

20-0638718

	International Inc			20-063	8718			
- Rar	t <sup>₁</sup> I∎ Types of Property	ī	<u> </u>	1 (2)	T			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household		÷		1			
	goods							
6	Cars and other vehicles · · · · ·	Х		384,338	Appraisa	1		
7	Boats and planes							
8	Intellectual property							
9	Secunties - Publicly traded							
10	Secunties - Closely held stock · · · ·							
11	Securities - Partnership, LLC.							
	or trust interests							
12	Secunties - Miscellaneous · · · · ·							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial				.  <u></u>			
17	Real estate - Other				ļ <u></u>			
18	Collectibles							
19	Food inventory	<u> </u>			<u> </u>			
20	Drugs and medical supplies · · · · ·							
21	Taxidermy				<del> </del>			
22	Historical artifacts				ļ			
23	Scientific specimens	<u> </u>						
24	Archeological artifacts				<del> </del>			
25	Other • ()	ļ						
26	Other ►()				ļ			
27	Other ►()				ļ			
28	Other ►(	L			<del>                                     </del>			
29	Number of Forms 8283 received by the c	-	-	ons for				
	which the organization completed Form 8	3283, Part IV.	, Donee Acknowledgement		29		<u> </u>	·
							Yes	No
30a	Dunng the year, did the organization rece	•	• , , • ,	. •				
	28, that it must hold for at least three year			·				
	to be used for exempt purposes for the e	_	penod?	• • • • • • • • • • • • • • • • • • • •		30a		Х
b	If "Yes," describe the arrangement in Par							
31	Does the organization have a gift accepta					_		
						31	Х	
32a	Does the organization hire or use third pa		*					
_						32a	Х	<u> </u>
33 5	If "Yes," describe in Part II		a) for a hima of manager for the	الحراجيج في (٥) مصرياهم ط				
33	If the organization didn't report an amoun describe in Part II	it iri column (	c) for a type of property for which	in column (a) is checked,				

# **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.

► Attach to Form 990 or 990-EZ.

2019

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection
Employer identification number

Sewa International Inc	20-0638718
Ol. Officer, directors, etc. family relationship (Part VI, line 2)	
Couple of Directors have family relationship	
02. Form 990 governing body review (Part VI, line 11)	
THE ORGANIZATION DIRECTORS/ OFFICERS ARE FURNISHED THE AUDITED FINANCI	ALS BY THE VP
FINANCE. THOSE ARE APPROVED AND THEN FORWARDED TO OUTSIDE CPA FOR FINA	LIZING THE TAX
RETURNS	
03. Conflict of interest policy compliance (Part VI, line 12c)	
WHENEVER THERE EXISTS A CONFLICT OF INTEREST IN THE BOARD THEN THE NEC	ESSARY
DIRECTOR/OFFICER SHALL ABSTAIN FROM THE DELIBERATIONS AND PROCEEDINGS	OF THE SAID
DISCUSSION. Each Director/ Officer signs "Director and Officer Annual	Conflict of Interest
Statement and it is kept on the records	
04. CEO, executive director, top management comp (Part VI, line 15a)	
All the officers, Directors, Trustees are volunteers and none of them	have any
compensations paid to them by the Organization.	
	· · · · · · · · · · · · · · · · · · ·
05. Other officer or key employee compensation (Part VI, line 15b	
Though none of the Executive Team members of Officers a compensated by	the organization,
there is a Review process in place for an annual review of the perform	ance of the
Executive Team. Annually EC team presents to the Board the projections	for_the upcoming
year and the review of the past year. This report is reviewed by the B	oard, deliberated
and commented and the same is documented. In the current year the CEO	has presented a 5
year projection to the Board and it has begun to implement the same ac	cordingly. It will