#### **EXTENSION ATTACHED**

Form **990** 

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Internal Revenue Service , 2020, and ending For the 2020 calendar year, or tax year beginning , **20** 2023 Check if applicable: D Employer identification number Address change South Asian Youth Action SAYA Inc. 13-3943630 54-05 Seabury Street Telephone number Name change Elmhurst, NY 11373 718-651-3484 Initial return Final return/terminated **G** Gross receipts \$ Amended return 3,889,044 F Name and address of principal officer: H(a) Is this a group return for subordinates Application pending Yes Sonia B. Sisodia **H(b)** Are all subordinates included? If "No," attach a list. See instructions Same As C Above Yes No Tax-exempt status: 4947(a)(1) or 527 X 501(c)(3) 501(c) ( ) ◀ (insert no.) Website: ▶ H(c) Group exemption number www.saya.org X Corporation Form of organization: Association Other > L Year of formation: 1997 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: Our mission is to foster a strong sense of belonging in youth and provide them with tools to thrive academically, professionally and personally Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ...... 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 15 5 145 Total number of volunteers (estimate if necessary)..... <u>1</u>5 6 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 4,039,311 3,681,278. Program service revenue (Part VIII, line 2g)..... 114,381 126,618. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 7,200 4,055. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 144 1,115. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 3,813,066. 12 4,161,036. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 282,950 166,800 Benefits paid to or for members (Part IX, column (A), line 4)..... 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 3,328,983 2,840,807. **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 705,994. 631,981. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 4,201,777 3,755,738. Revenue less expenses. Subtract line 18 from line 12..... 57,328. -40,741 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16)..... 3,046,686. 3,068,686. 21 Total liabilities (Part X, line 26) ..... 912,908. 836,737. Net assets or fund balances. Subtract line 21 from line 20...... 22 2,155,778. 2,209,949. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here Sonia B. Sisodia
Type or print name and title Executive Dir. Print/Type preparer's name Preparer's signatur 5/2/2022 Michael Schall Michae1 P02024184 **Paid** self-employed ► SCHALL & ASHENFARB CPAS LLC Preparer Use Only Firm's address 307 FIFTH AVE 15TH Firm's EIN ► 13-4036703

May the IRS discuss this return with the preparer shown above? See instructions . . . .

NEW YORK,

NY 10016

(212) 268-2800

Yes

## Form **8868**

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

| Automatic  | 6-Month Extension of Time. Only sub  | omit origin                    | al (no copies needed).                      |                    |                   |                |
|--|--|--------------------------------|---|--------------------|-------------------|----------------|
| All corporati  | ons required to file an income tax return other t  | han Form 99                    | 90-T (including 1120-C filers), partnership | s, RE              | MICs, and t       | rusts must     |
| ise Form /C  | 04 to request an extension of time to file incom<br>Name of exempt organization or other filer, see instructions.  | ie tax returns                 | S.  | Taxpa              | yer identificatio | n number (TIN) |
| Type or  |  |                                |   |                    |                   |                |
| rint   | South Asian Youth Action SAYA  | A Inc                          |   | 13-                | 3943630           |                |
| ile by the   | Number, street, and room or suite number. If a P.O. box, see   |                                |   | 110                | <u> </u>          |                |
| ue date for<br>ling your                                 | 54-05 Seabury Street   |                                |   |                    |                   |                |
| eturn. See<br>estructions.                               | City, town or post office, state, and ZIP code. For a foreign ad   | ddress, see instru             | uctions.                                    |                    |                   |                |
| istructions.   | Elmhurst, NY 11373   |                                |   |                    |                   |                |
| Inter the Re   | eturn Code for the return that this application is   | for (file a se                 | parate application for each return)         |                    |                   | 01             |
| Application s For  |  | Return<br>Code                 | Application<br>Is For                       |                    |                   | Return<br>Code |
| orm 990 or   | Form 990-EZ  | 01                             | Form 990-T (corporation)                    |                    |                   | 07             |
| orm 990-Bl   | -  | 02                             | Form 1041-A                                 |                    |                   | 08             |
| orm 4720 (   | individual)  | 03                             | Form 4720 (other than individual)           |                    |                   | 09             |
| orm 990-Pf   | =  | 04                             | Form 5227                                   |                    |                   | 10             |
| orm 990-T  | m 990-T (section 401(a) or 408(a) trust) 05 Form 6069  |                                |   |                    |                   | 11             |
| orm 990-T  | (trust other than above)   | 06                             | Form 8870                                   |                    |                   | 12             |
| <ul><li>If the org</li><li>If this is check th</li></ul> | e No. ► 718-651-3484 ganization does not have an office or place of b for a Group Return, enter the organization's four is box ► If it is for part of the group, asion is for. | ır digit Group                 | e United States, check this box             | this is            | for the wh        | ole group,     |
| for the  | st an automatic 6-month extension of time until organization named above. The extension is for calendar year 20 or, 20 tax year beginning, 20                                  | or the organiz<br>_, and endin | ng <u>6/30</u> , <sup>20</sup> <u>21</u> .  | zation<br>nal retu |                   |                |
| 3a If this a   | application is for Forms 990-BL, 990-PF, 990-T, undable credits. See instructions  | 4720, or 600                   | 69, enter the tentative tax, less any       | 3 a                | \$                | 0 .            |
|  | application is for Forms 990-PF, 990-T, 4720, o<br>yments made. Include any prior year overpayme   |                                |   | 3 b                | \$                | 0 .            |
| EFTPS  | <b>te due.</b> Subtract line 3b from line 3a. Include yo<br>(Electronic Federal Tax Payment System). Se  | e instructions                 | S   | 3 с                | !                 | 0.             |
| caution: If v  | you are going to make an electronic funds withd  | rawal (direct                  | dehit) with this Form 8868, see Form 84     | 153-FC             | and Form          | 8879-FO for    |

payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

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|             |  |      | Yes | No |
|-------------|--|------|-----|----|
| 1           | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A  | 1    | Х   |    |
| 2           | Is the organization required to complete Schedule B, Schedule of Contributors See instructions?  | 2    | Χ   |    |
| 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    |     | Х  |
| 4           | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II   | 4    |     | Х  |
| 5           | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III  | 5    |     | Х  |
| 6           | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.  | 6    |     | Х  |
| 7           | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>  | 7    |     | Х  |
| 8           | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 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 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.            | 9    |     | Х  |
| 10          | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V   | 10   |     | 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.  |      |     |    |
| ā           | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.   | 11 a | Х   |    |
| ŀ           | Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.  | 11 b |     | Х  |
| (           | Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII   | 11 c |     | Х  |
| C           | I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX  | 11 d |     | Х  |
| 6           | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X  | 11 e |     | Χ  |
| f           | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X   | 11 f | Х   |    |
| 12 a        | Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII   | 12a  | Х   |    |
| k           | 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  |     | Х  |
| 13          | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  | 13   |     | X  |
| 14 a        | a Did the organization maintain an office, employees, or agents outside of the United States?  | 14a  |     | Х  |
| ŀ           | 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  |
|             | 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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>  | 16   |     | Х  |
| 17          |  | 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  |
| <b>20</b> 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   |     | Х  |

# Form 990 (2020) South Asian Youth Action SAYA Inc. Part IV Checklist of Required Schedules (continued)

|     |   |       | Yes     | No   |
|-----|---|-------|---------|------|
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.  | 22    | Х       |      |
| 23  | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>   | 23    | Х       |      |
| 24  | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a  | 24a   |         | Х    |
|     | <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b   |         |      |
|     | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c   |         |      |
|     | <b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  | 24d   |         |      |
| 25  | a 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   |         | Х    |
|     | <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>   | 25b   |         | Х    |
| 26  | former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>  | 26    |         | Х    |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. | 27    |         | Х    |
| 28  | instructions, for applicable filing thresholds, conditions, and exceptions):  |       |         |      |
|     | <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV  | 28a   |         | X    |
|     | <b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV  | 28b   |         | Х    |
|     | c 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   |         | Х    |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M  | 29    |         | Х    |
| 30  | contributions? If 'Yes,' complete Schedule M  | 30    |         | Х    |
| 31  |   | 31    |         | X    |
| 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    |         | Χ    |
| 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    |         | Χ    |
|     | 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    |         | X    |
|     | a Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a   |         | Х    |
|     | <b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2  | 35b   |         |      |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>  | 36    |         | Χ    |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>  | 37    |         | Χ    |
| 38  | Note: All Form 990 filers are required to complete Schedule O.  | 38    | Х       |      |
| Pa  | rt V Statements Regarding Other IRS Filings and Tax Compliance  |       |         |      |
|     | Check if Schedule O contains a response or note to any line in this Part V  |       | Yes     | No   |
|     | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  |       | . 33    |      |
|     | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |       |         |      |
| RΛ  | (gambling) winnings to prize winners?   | 1c    | X 990 ( | 2022 |
| - A |   | - orm | uuii /  | フロワハ |

Form 990 (2020) South Asian Youth Action SAYA Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

|      |  |      | Yes | No  |
|------|--|------|-----|-----|
| 2 a  | 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 145   |      |     |     |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b   | Χ   |     |
|      | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |      |     |     |
|      | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3 a  |     | X   |
| b    | If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>   | 3 b  |     |     |
| 4 a  | 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)? | 4 a  |     | Х   |
| b    | If 'Yes,' enter the name of the foreign country▶   |      |     |     |
|      | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |      |     | *** |
|      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5 a  |     | X   |
|      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5 b  |     | X   |
|      | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?   | 5 c  |     |     |
| 6 a  | 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?                                    | 6 a  |     | Х   |
| b    | olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | 6 b  |     |     |
| 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?  | 7 a  |     | X   |
|      | of Yes,' did the organization notify the donor of the value of the goods or services provided?   | 7 b  |     |     |
| C    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7с   |     | Х   |
| d    | If 'Yes,' indicate the number of Forms 8282 filed during the year  | , ,  |     |     |
|      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7 e  |     | X   |
| f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7 f  |     | X   |
| g    | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899  | _    |     |     |
|      | as required?   | 7 g  |     |     |
| h    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7 h  |     |     |
| 8    | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring  | ,    |     |     |
|      | organization have excess business holdings at any time during the year?  | 8    |     |     |
| 9    | Sponsoring organizations maintaining donor advised funds.  |      |     |     |
|      | Did the sponsoring organization make any taxable distributions under section 4966?   | 9 a  |     |     |
|      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9 b  |     |     |
|      | Section 501(c)(7) organizations. Enter:  |      |     |     |
|      | Initiation fees and capital contributions included on Part VIII, line 12   |      |     |     |
|      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |      |     |     |
|      | Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  |      |     |     |
|      | Gross income from other sources (Do not net amounts due or paid to other sources   |      |     |     |
|      | against amounts due or received from them.)  | 12a  |     |     |
|      | of Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b   | 12 a |     |     |
|      | Section 501(c)(29) qualified nonprofit health insurance issuers.   |      |     |     |
|      | 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  |      |     |     |
| c    | Enter the amount of reserves on hand   |      |     |     |
| 14 a | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a  |     | X   |
| b    | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O  | 14 b |     |     |
| 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   |
| 1.0  | If 'Yes,' see instructions and file Form 4720, Schedule N.   | 10   |     | X   |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If 'Yes,' complete Form 4720, Schedule O.   | 16   |     | ^   |

Form 990 (2020) South Asian Youth Action SAYA Inc. 13-3943630 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 16 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 on line 1a, above, who are independent..... 15 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?.... Χ 10 a 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 ...... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official. See Schedule. O...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NY 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 X Upon request Own website X Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Jasmine Blaney 54-05 Seabury Street Elmhurst NY 11373 718-651-3484

## 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

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

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

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

|                |                                 |   |                                   |                       | (C)                   | )                         |                                 |        |  |   |   |
|----------------|---------------------------------|---|-----------------------------------|-----------------------|-----------------------|---------------------------|---------------------------------|--------|--|---|---|
|                | (A)<br>Name and title           | (B)<br>Average<br>hours<br>per                                      | thar                              | one<br>both<br>dire   | box,<br>an c<br>ector | unles<br>fficer<br>truste |                                 | on     | (D)  Reportable compensation from the organization | (E)  Reportable compensation from related organizations | <b>(F)</b> Estimated amount of other                                  |
|                |                                 | week (list any hours for related organiza- tions below dotted line) | Individual trustee<br>or director | Institutional trustee | Officer               | Key employee              | Highest compensated<br>employee | Former | (W-2/1099-MISC)                                    | (W-2/1099-MISC)   | compensation from<br>the organization<br>and related<br>organizations |
| (1)            | Sonia B. Sisodia Executive Dir. | $-\frac{40}{0}$   | Х                                 |                       | Х                     |                           |                                 |        | 141,530.   | 0.  | 23,729.   |
| (2)            | Fatima Malik - thru 4/2/21      | 40  | Λ                                 |                       | Λ                     |                           |                                 |        | 141,330.   | 0.  | 23,129.   |
|                | Chief Dev. Officer              | 0   |                                   |                       |                       |                           | Χ                               |        | 100,322.   | 0.  | 12,320.   |
| (3)            | Samir Gandhi Chair              | 2   | Х                                 |                       | Х                     |                           |                                 |        | 0.   | 0.  | 0.  |
| (4)            | Nadia Shahzad Khan              | 1   | Λ                                 |                       | Λ                     |                           |                                 |        | 0.   | 0.  | <u> </u>  |
| _( <u>-</u> '_ | Vice Chair                      | 1 -   | Х                                 |                       | Χ                     |                           |                                 |        | 0.   | 0.  | 0.  |
| (5)            | Sonia Deb                       | 1   |                                   |                       |                       |                           |                                 |        |  |   |   |
|                | Secretary                       | 0   | Х                                 |                       | Χ                     |                           |                                 |        | 0.   | 0.  | 0.  |
| (6)            | Sasank Chary                    | 11  |                                   |                       |                       |                           |                                 |        |  |   |   |
|                | Treasurer                       | 0   | Χ                                 |                       | Χ                     |                           |                                 |        | 0.   | 0.  | 0.  |
| (7)            | Samidh Guha                     | 1   |                                   |                       |                       |                           |                                 |        |  |   |   |
|                | ExecCommMember                  | 0   | Χ                                 |                       | Χ                     |                           |                                 |        | 0.   | 0.  | 0.  |
| (8)            | Savita Bharadwa                 | _ 1   |                                   |                       |                       |                           |                                 |        |  |   |   |
|                | Director                        | 0   | Χ                                 |                       |                       |                           |                                 |        | 0.   | 0.  | 0.  |
| (9)            | Bharat Das                      | _0.5_   |                                   |                       |                       |                           |                                 |        |  |   |   |
|                | Director                        | 0   | Χ                                 |                       |                       |                           |                                 |        | 0.   | 0.  | 0.  |
| (10)           | Shahida Khan                    | _0.5_   |                                   |                       |                       |                           |                                 |        | _  |   | _   |
|                | Director                        | 0   | X                                 |                       |                       |                           |                                 |        | 0.   | 0.  | 0.  |
| <u>(11)</u>    | Vishnu Murthy                   | 0.5   | .,                                |                       |                       |                           |                                 |        | •  |   | •   |
| (10)           | Director                        | 0   | X                                 |                       |                       |                           |                                 |        | 0.   | 0.  | 0.  |
| (12)           | Prashant A. Raj Director        | _0.5_<br>0  | Х                                 |                       |                       |                           |                                 |        | 0.   | 0.  | 0.  |
| (13)           | Bharat Sawhney                  | 0.5   | Λ                                 |                       |                       |                           |                                 |        | 0.   | 0.  | 0.  |
| (13)           | Director                        | 0.5   | Х                                 |                       |                       |                           |                                 |        | 0.   | 0.  | 0.  |
| (14)           | Radhika Seghal                  | 0.5   | 71                                | $\vdash$              |                       |                           |                                 |        | 0.   | 0.  | <u> </u>  |
| <u> </u>       | Director                        | 0   | Х                                 |                       |                       |                           |                                 |        | 0.   | 0.  | 0.  |
|                |                                 | -   |                                   |                       |                       |                           |                                 |        |  |   |   |

| Part VII   Section A. Officers, Directors, Tru   | 1   | Key                               | Em                   |                  |                    | es,                          | and          | d Highest Com                                      | pensated Empl   | oyees   | <b>S</b> (cont                                | inued)     |
|--|---|-----------------------------------|----------------------|------------------|--------------------|------------------------------|--------------|--|---|---------|---|------------|
|  | (B)   |                                   |                      | ((               | •                  |                              |              |  |   |         |   |            |
| (A)<br>Name and title  | Average<br>hours<br>per<br>week   | offic                             | , unle<br>cer ar     | ess pe<br>nd a d | erson<br>direct    | than<br>is both<br>or/trus   | n an<br>tee) | (D)  Reportable compensation from the organization | (E)  Reportable compensation from related organizations | (       | (F)<br>ated am<br>of other<br>ensation        |            |
|  | (list any<br>hours<br>for<br>related<br>organiza<br>- tions<br>below<br>dotted<br>line) | Individual trustee<br>or director | nstitutional trustee | Officer          | Key employee       | Highest compensated employee | Former       | (W-2/1099-MISC)                                    | (W-2/1099-MISC)   | the c   | ensation<br>organiza<br>d relate<br>anization | tion<br>d  |
| (15) Susan Maher Singh Director  | _0.5_<br>0  | Х                                 |                      |                  |                    |                              |              | 0.   | 0.  |         |   | 0.         |
| (16) Elizebeth Varghese Director   | _0.5_<br>0  | Х                                 |                      |                  |                    |                              |              | 0.   | 0.  |         |   | 0.         |
| (17) Ammara Yaqub Director   | _0.5_<br>0  | Х                                 |                      |                  |                    |                              |              | 0.   | 0.  |         |   | 0.         |
| (18)   |   | -                                 |                      |                  |                    |                              |              |  |   |         |   |            |
| (19)   |   | -                                 |                      |                  |                    |                              |              |  |   |         |   |            |
| (20)   |   |                                   |                      |                  |                    |                              |              |  |   |         |   |            |
| (21)   |   |                                   |                      |                  |                    |                              |              |  |   |         |   |            |
| (22)   |   | -                                 |                      |                  |                    |                              |              |  |   |         |   |            |
| (23)   |   |                                   |                      |                  |                    |                              |              |  |   |         |   |            |
| (24)   |   | -                                 |                      |                  |                    |                              |              |  |   |         |   |            |
| (25)   |   | -                                 |                      |                  |                    |                              |              |  |   |         |   |            |
| 1 b Subtotal   |   |                                   |                      |                  |                    |                              | <b>&gt;</b>  | 241,852.   | 0.  | 36,049. |   |            |
| c Total from continuation sheets to Part VII, Secti<br>d Total (add lines 1b and 1c)   |   |                                   |                      |                  |                    |                              | <b>&gt;</b>  | 0.<br>241,852.                                     | 0.  |         | 36,0  | 0.<br>049. |
| 2 Total number of individuals (including but not limited from the organization ► 2   | to those I  | isted                             | abov                 | ve) v            | who                | recei                        | ved          |  | 0 of reportable comp                                    | ensatio |   |            |
|  |   |                                   |                      |                  |                    |                              |              |  |   |         | Yes   | No         |
| 3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc                       | h individu  | al                                |                      |                  |                    |                              |              |  |   | 3       |   | Х          |
| <b>4</b> For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual | er than \$1   | 50,00                             | 00?                  | If 'Y            | es,                | com                          | ple          | te Schedule J for                                  |   | . 4     | X   |            |
| 5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes                         | e comper<br>s,' comple  | satio                             | n fro                | om :<br>lule     | any<br><i>J fo</i> | unre<br>r suc                | late<br>h p  | d organization or erson                            | individual  | . 5     |   | X          |
| Section B. Independent Contractors  1 Complete this table for your five highest compen   | sated ind   | enen                              | dent                 | t cor            | ntrad              | tors                         | tha          | t received more th                                 | nan \$100 000 of  |         |   |            |
| compensation from the organization. Report compen  | sation for  | the c                             | alen                 | dar <u>y</u>     | year               | endi                         | ng v         | vith or within the or                              | ganization's tax year                                   |         |   |            |
| Name and business address  (B) Description of services  Col  |   |                                   |                      |                  |                    |                              |              | Compe  | <b>C)</b><br>ensatio                                    | on      |   |            |
|  |   |                                   |                      |                  |                    |                              |              |  |   |         |   |            |
|  |   |                                   |                      |                  |                    |                              |              |  |   | _       |   |            |
|  |   |                                   |                      |                  |                    |                              |              |  |   |         |   |            |
| 2 Total number of independent contractors (including the \$100,000 of compensation from the organization                       |   | ited to                           | o tho                | se I             | isted              | l abo                        | ve)          | who received more                                  | than  |         |   |            |

|  | 990 (2020) South Asian Youth Action S   | SAYA Inc.  |  | 13-3943630                              | Page \$  |
|--|---|--|--|---|--|
| Par  | t VIII Statement of Revenue   | - As and the size Hair Dank VIII                   |  |   |  |
|  | Check if Schedule O contains a response or note   | e to any line in this Part VII  (A)  Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns     1a       b Membership dues     1b       c Fundraising events     1c       d Related organizations     1d       e Government grants (contributions)     1e 3,049,       f All other contributions, gifts, grants, and similar amounts not included above     1f 631,       g Noncash contributions included in lines 1a-1f     1g       h Total. Add lines 1a-1f     Business C | 279.<br>3,681,278.                                 | 106 610                                |   |  |
| Program Service Revenue                                | 2a Contract services 611710 b c d e f All other program service revenue   | 126,618.   | 126,618.                               |   |  |
| Prog   | g Total. Add lines 2a-2f  | 126,618.   |  |   |  |
|  | <ul> <li>Investment income (including dividends, interest, and other similar amounts).</li> <li>Income from investment of tax-exempt bond proce</li> <li>Royalties.</li> </ul>  | eds •  |  |   | 6,275.   |
|  | 6 a Gross rents   | onal   |  |   |  |
|  | d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)  (i) Securities (ii) Other 73, 758.  7 b 75, 978.  7 c -2,220.  | ner  |  |   |  |
| Other Revenue  | d Net gain or (loss)  |  |  |   | -2,220.  |
| ð  | c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19   |  |  |   |  |
|  | 10a Gross sales of inventory, less  |  |  |   |  |
| eous   | Business C  11a Other Income  | 1,115.   | 1,115.                                 |   |  |
| scellaneous<br>Revenue                                 | b c d All other revenue   |  |  |   |  |

e Total. Add lines 11a-11d.

12 Total revenue. See instructions......

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

|             | Check if Schedule O contains a re  | <u>'</u>              |                                     |                                     |                                       |
|-------------|--|-----------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| Do i<br>6b, | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | <b>(B)</b> Program service expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1           | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   |                       | ·                                   |                                     |                                       |
| 2           | Grants and other assistance to domestic individuals. See Part IV, line 22  | 282,950.              | 282,950.                            |                                     |                                       |
| 3           | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   | ,                     | ·                                   |                                     |                                       |
| 4           | Benefits paid to or for members  |                       |                                     |                                     |                                       |
| 5           | Compensation of current officers, directors, trustees, and key employees   | 171,653.              | 138,278.                            | 17,116.                             | 16,259.                               |
| 6           | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 0.                    | 0.                                  | 0.                                  | 0.                                    |
| 7           | Other salaries and wages   | 2,231,686.            | 1,921,774.                          | 149,192.                            | 160,720.                              |
| 8           | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 2,231,000.            | 1,321,774.                          | 149,192.                            | 100,720.                              |
| 9           | Other employee benefits  | 222,084.              | 191,713.                            | 14,569.                             | 15,802.                               |
| 10          | Payroll taxes  | 215,384.              | 184,730.                            | 14,839.                             | 15,815.                               |
| 11          | Fees for services (nonemployees):  | ,                     | ·                                   | ,                                   | •                                     |
| ā           | Management   |                       |                                     |                                     |                                       |
| ŀ           | Legal  |                       |                                     |                                     |                                       |
| (           | Accounting   |                       |                                     |                                     |                                       |
| C           | <b>1</b> Lobbying  |                       |                                     |                                     |                                       |
| 6           | Professional fundraising services. See Part IV, line 17  |                       |                                     |                                     |                                       |
| f           | Investment management fees   |                       |                                     |                                     |                                       |
| g           | Other. (If line 11g amount exceeds 10% of line 25, column  | 256,983.              | 183,657.                            | 73,326.                             |                                       |
| 12          | (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion   | 3,397.                | 304.                                | 2,540.                              | 553.                                  |
| 13          | Office expenses  | 144,153.              | 142,519.                            | 1,634.                              | 333.                                  |
| 14          | Information technology   | 211,2001              | 112,0131                            |                                     |                                       |
| 15          | Royalties  |                       |                                     |                                     |                                       |
| 16          | Occupancy  | 57,000.               | 48,888.                             | 3,927.                              | 4,185.                                |
| 17          | Travel   | 30.                   | 30.                                 | .,                                  | ,                                     |
| 18          | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                     |                                     |                                       |
| 19          | Conferences, conventions, and meetings   |                       |                                     |                                     |                                       |
| 20          | Interest   |                       |                                     |                                     |                                       |
| 21          | Payments to affiliates   |                       |                                     |                                     |                                       |
| 22          | Depreciation, depletion, and amortization  | 2,485.                |                                     | 2,485.                              |                                       |
| 23          | Insurance  | 27,054.               | 23,203.                             | 1,864.                              | 1,987.                                |
| 24          | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                  |                       |                                     |                                     |                                       |
| ā           | Program expenses   | 35,412.               | 35,300.                             | 112.                                |                                       |
|             | Client stipends  | 27,908.               | 27,908.                             |                                     |                                       |
|             | Staff & Student Recruitment  | 14,113.               | 13,316.                             | 253.                                | 544.                                  |
|             | Telephone and communications   | 13,854.               | 7,355.                              | 6,499.                              |                                       |
|             | All other expenses   | 49,592.               | 24,858.                             | 11,447.                             | 13,287.                               |
| 25          | <b>Total functional expenses.</b> Add lines 1 through 24e  | 3,755,738.            | 3,226,783.                          | 299,803.                            | 229,152.                              |
| 26          | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720) |                       |                                     |                                     |                                       |

|                            |      | Check if Schedule O contains a response or note to   | o any li               | ne in this Part X              |                                 |          |                           |
|----------------------------|------|--|------------------------|--------------------------------|---------------------------------|----------|---------------------------|
|                            |      |  |                        |                                | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>End of year |
|                            | 1    | Cash — non-interest-bearing  |                        |                                |                                 | 1        |                           |
|                            | 2    | Savings and temporary cash investments   |                        |                                | 1,440,261.                      | 2        | 1,266,354.                |
|                            | 3    | Pledges and grants receivable, net   |                        |                                | 1,124,731.                      | 3        | 1,308,018.                |
|                            | 4    | Accounts receivable, net   |                        |                                | 21,322.                         | 4        | 37,507.                   |
|                            | 5    | Loans and other receivables from any current or form<br>trustee, key employee, creator or founder, substantial<br>controlled entity or family member of any of these pe  | ner offic<br>I contril | er, director,<br>butor, or 35% |                                 | 5        |                           |
|                            | _    |  |                        | _                              |                                 | 3        |                           |
|                            | 6    | Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section  |                        | 6                              |                                 |          |                           |
|                            | 7    | Notes and loans receivable, net  |                        |                                |                                 | 7        |                           |
| sts                        | 8    | Inventories for sale or use  |                        |                                |                                 | 8        |                           |
| Assets                     | 9    | Prepaid expenses and deferred charges  |                        |                                | 63,246.                         | 9        | 17,746.                   |
| A                          | 10 a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | 10 a                   | 33,820.                        |                                 |          |                           |
|                            | b    | Less: accumulated depreciation   | 10 b                   | 32,577.                        | 3,728.                          | 10 c     | 1,243.                    |
|                            | 11   | Investments – publicly traded securities   |                        |                                | 410,648.                        | 11       | 411,068.                  |
|                            | 12   | Investments - other securities. See Part IV, line 11   |                        |                                |                                 | 12       |                           |
|                            | 13   | Investments - program-related. See Part IV, line 11.   |                        |                                |                                 | 13       |                           |
|                            | 14   | Intangible assets  |                        |                                | 14                              |          |                           |
|                            | 15   | Other assets. See Part IV, line 11   |                        |                                | 4,750.                          | 15       | 4,750.                    |
|                            | 16   | Total assets. Add lines 1 through 15 (must equal line  | 33)                    |                                | 3,068,686.                      | 16       | 3,046,686.                |
|                            | 17   | Accounts payable and accrued expenses  |                        | 331,764.                       | 17                              | 278,712. |                           |
|                            | 18   | Grants payable   |                        |                                | ,                               | 18       | ,                         |
|                            | 19   | Deferred revenue   |                        |                                | 23,119.                         | 19       |                           |
|                            | 20   | Tax-exempt bond liabilities  |                        |                                | 20                              |          |                           |
| ies                        | 21   | Escrow or custodial account liability. Complete Part   |                        | L.                             |                                 | 21       |                           |
| Liabilities                | 22   | Loans and other payables to any current or former of<br>key employee, creator or founder, substantial contribu-<br>controlled entity or family member of any of these pe | ficer, di<br>utor, or  | irector, trustee,<br>35%       |                                 | 22       |                           |
| ij                         | 23   | Secured mortgages and notes payable to unrelated the   |                        | _                              |                                 | 23       |                           |
|                            | 24   | Unsecured notes and loans payable to unrelated third   |                        | <u> </u>                       | 558,025.                        | 24       | 558,025.                  |
|                            | 25   | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com   |                        |                                | 330,023.                        | 25       | 330,023.                  |
|                            | 26   | <b>Total liabilities.</b> Add lines 17 through 25  |                        |                                | 912,908.                        | 26       | 836,737.                  |
| ses                        |      | Organizations that follow FASB ASC 958, check here   |                        | X                              | 312,300.                        |          | 030,737.                  |
| ano                        | 27   | and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions  |                        | -                              | 2,064,418.                      | 27       | 2,183,153.                |
| Bal                        | 28   | Net assets with donor restrictions   |                        | _                              | 91,360.                         | 28       | 26,796.                   |
| Net Assets or Fund Balance | 20   | Organizations that do not follow FASB ASC 958, che   |                        |                                | 91,300.                         | 20       | 20,790.                   |
| ΞJ                         |      | and complete lines 29 through 33.  |                        | <u> </u>                       |                                 |          |                           |
| Ö                          | 29   | Capital stock or trust principal, or current funds   |                        | <u> </u>                       |                                 | 29       |                           |
| ě                          | 30   | Paid-in or capital surplus, or land, building, or equipn   |                        |                                | 30                              |          |                           |
| As                         | 31   | Retained earnings, endowment, accumulated income   |                        |                                |                                 | 31       |                           |
| et                         | 32   | Total net assets or fund balances  |                        | <u> </u>                       | 2,155,778.                      | 32       | 2,209,949.                |
|                            | 33   | Total liabilities and net assets/fund balances   |                        |                                | 3,068,686.                      | 33       | 3,046,686.                |
| BA                         | Α    |  | IEEA011                | 1L 10/07/20                    |                                 |          | Form <b>990</b> (2020)    |

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|--|----------|---------|--|----------------|------------------------|
| Part XI Reconciliation of Net Assets   |          |         |  |                |                        |
| Check if Schedule O contains a response or note to any line in this Part XI.   |          |         |  |                |                        |
| 1 Total revenue (must equal Part VIII, column (A), line 12)  |          | 1       | 3,8  | 13,0           | )66.                   |
| 2 Total expenses (must equal Part IX, column (A), line 25)   |          | 2       | 3,7  | 55,7           | 738.                   |
| 3 Revenue less expenses. Subtract line 2 from line 1   |          | 3       |  | 57,3           | 328.                   |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  |          | 4       | 2,1  | 55,7           | 778.                   |
| 5 Net unrealized gains (losses) on investments.  |          | 5       |  | -3,1           | 157.                   |
| 6 Donated services and use of facilities   |          | 6       |  |                |                        |
| 7 Investment expenses  |          | 7       |  |                |                        |
| 8 Prior period adjustments   |          | 8       |  |                |                        |
| 9 Other changes in net assets or fund balances (explain 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      | 2 2  | 09,9           | 349                    |
| Part XII   Financial Statements and Reporting  |          |         | 2,2  | 00,0           | <i>/</i> 1 <i>/</i> 1. |
|  |          |         |  |                |                        |
| Check if Schedule O contains a response or note to any line in this Part XII   |          |         |  |                | . —                    |
| 1 Accounting method used to prepare the Form 990: Cash X Accrual Other   |          |         |  | Yes            | No                     |
| 1 Accounting method used to prepare the Form 990: Cash X Accrual Other   |          |         |  |                |                        |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.  |          |         |  |                |                        |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?   |          |         | 2a   |                | X                      |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis | eviewe   | ed on a |  |                |                        |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?  |          |         | 2 b  | Х              |                        |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s  |          | <br>ta  | 2.0  | 71             |                        |
| basis, consolidated basis, or both:  | срага    |         |  |                |                        |
| X Separate basis Consolidated basis Both consolidated and separate basis   |          |         |  |                |                        |
| <b>c</b> If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?     | audit,   |         | 2 c  | Х              |                        |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  |          |         |  |                |                        |
| 3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?  | ngle<br> |         | 3 a  |                | Х                      |
| <b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why on Schedule O and describe any steps taken to undergo such audits        |          |         | 3 b  |                |                        |
| BAA  TEEA0112L 10/19/20  |          |         |  | 1 <b>990</b> ( | (2020)                 |
| war.   |          |         | 1 0111   | . 550          | (2020)                 |

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

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

|            |                | e organization  |  |   |                          |  | ' '                            | er identilic           |                           | er                                 |  |  |
|------------|----------------|---|--|---|--------------------------|--|--------------------------------|------------------------|---------------------------|------------------------------------|--|--|
|            |                | Asian Youth Action  |  |   |                          |  |                                | 394363                 |                           |                                    |  |  |
| Part       |                | Reason for Public Cha   |  |   |                          |  |                                | instruc                | ctions.                   |                                    |  |  |
| The c      | rga            | inization is not a private found  | lation because it is: (                        | For lines 1 through 12,   | check o                  | nly one                                    | box.)                          |                        |                           |                                    |  |  |
| 1          |                | A church, convention of church  | es, or association of c                        | hurches described in <b>sec</b> t   | tion 1 <mark>70</mark> ( | b)(1)(A)(                                  | (i).                           |                        |                           |                                    |  |  |
| 2          |                | A school described in section 1   | <b>70(b)(1)(A)(ii).</b> (Attach                | Schedule E (Form 990 or   | 990-EZ                   | ).)  |                                |                        |                           |                                    |  |  |
| 3          |                | A hospital or a cooperative h   | ospital service organ                          | ization described in sec  | ction 17                 | 0(b)(1)(A                                  | A)(iii).                       |                        |                           |                                    |  |  |
| 4          |                | A medical research organiza   | tion operated in conju                         | unction with a hospital   | describe                 | d in <b>sec</b>                            | tion 170(b)(1)                 | (A)(iii). E            | Inter the                 | hospital's                         |  |  |
|            |                | name, city, and state:  |  |   |                          |  |                                |                        |                           |                                    |  |  |
| 5          |                | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)                 |  |   |                          |  |                                |                        |                           |                                    |  |  |
| 6          |                | A federal, state, or local gove   | •  | ental unit described in s   | ection 1                 | 7 <b>0(b)(</b> 1)                          | )(A)(v).                       |                        |                           |                                    |  |  |
| 7          | X              | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) |  |   |                          |  |                                |                        |                           |                                    |  |  |
| 8          |                | A community trust described   |  | A)(vi). (Complete Part I  | 1.)                      |  |                                |                        |                           |                                    |  |  |
| 9          | F              | An agricultural research organia  |  |   |                          | oniunctio                                  | on with a land-                | arant colle            | ene                       |                                    |  |  |
| •          |                | or university or a non-land-gran  |  |   |                          |  |                                |                        |                           |                                    |  |  |
|            |                | university  |  |   |                          |  |                                |                        |                           |                                    |  |  |
| 10         |                | An organization that normally   |  |   |                          |  |                                | orabin fo              |                           |                                    |  |  |
|            |                | from activities related to its envestment income and unrelations June 30, 1975. See section 5   | exempt functions, sub<br>lated business taxabl | oject to certain exception<br>e income (less section                                | ns; and                  | (2) no r                                   | more than 33-                  | 1/3% of i              | ts suppo                  | rt from gross                      |  |  |
| 11         |                | An organization organized ar  | nd operated exclusive                          | ely to test for public safe   | ety. See                 | section                                    | n 509(a)(4).                   |                        |                           |                                    |  |  |
| 12         |                | An organization organized ar  | nd operated exclusive                          | ely for the benefit of, to  | perform                  | the fun                                    | nctions of, or t               | o carry o              | ut the pu                 | rposes of one                      |  |  |
|            |                | or more publicly supported o<br>lines 12a through 12d that de   | rganizations describe                          | ed in <b>section 509(a)(1)</b> o  | or <b>sectio</b>         | n 509(a                                    | )(2). See <b>sect</b>          | ion <b>509(a</b>       | <b>)(3).</b> Che          | ck the box in                      |  |  |
| а          |                | Type I. A supporting organization   |  |   |                          | •  |                                | -                      | the sunr                  | oorted                             |  |  |
| _          |                | organization(s) the power to recomplete Part IV, Sections A   | gularly appoint or elec-                       | t a majority of the directo   | rs or trus               | stees of t                                 | the supporting                 | organizati             | on. <b>You</b> n          | nust                               |  |  |
| b          |                | Type II. A supporting organiz management of the supporting must complete Part IV, Secti   | organization vested in                         | controlled in connection the same persons that c                                    | with its<br>ontrol or    | support<br>manage                          | ted organization the supported | on(s), by<br>organizat | having cion(s). <b>Yo</b> | ontrol or<br><b>ou</b>             |  |  |
| С          |                | Type III functionally integrated organization(s) (see instruction   | . A supporting organiza                        | tion operated in connectio  | n with, a                | nd function                                | onally integrate               | d with, its            | supported                 | d                                  |  |  |
| d          | Г              | Type III non-functionally integr  |  |   |                          |  |                                |                        |                           |                                    |  |  |
| _          |                | functionally integrated. The c<br>instructions). <b>You must com</b>  | organization generally                         | must satisfy a distribu   | tion req                 | uiremen                                    | it and an atter                | ntiveness              | requiren                  | nent (see                          |  |  |
| е          | L              | Check this box if the organize integrated, or Type III non-fu   | ation received a writt                         | en determination from f   | the IRS                  | that it is                                 | s a Type I, Typ                | e II, Typ              | e III fund                | tionally                           |  |  |
| f          | Er             | nter the number of supported of   |  |   |                          |  |                                |                        |                           |                                    |  |  |
| g          | Pr             | ovide the following information   | n about the supporte                           | d organization(s).  |                          |  |                                |                        |                           |                                    |  |  |
|            | ( <b>i)</b> Na | ame of supported organization   | (ii) EIN                                       | (iii) Type of organization<br>(described on lines 1-10<br>above (see instructions)) | organizat<br>in your g   | s the<br>tion listed<br>poverning<br>ment? | (v) Amount of support (see in: |                        |                           | Amount of other (see instructions) |  |  |
|            |                |   |  |   | Yes                      | No   |                                |                        |                           |                                    |  |  |
| (A)        |                |   |  |   |                          |  |                                |                        |                           |                                    |  |  |
| • • •      |                |   |  |   |                          |  |                                |                        |                           |                                    |  |  |
| <u>(B)</u> |                |   |  |   |                          |  |                                |                        |                           |                                    |  |  |
| (C)        |                |   |  |   |                          |  |                                |                        |                           |                                    |  |  |
| <b>(D)</b> |                |   |  |   |                          |  |                                |                        |                           |                                    |  |  |
| (D)        |                |   |  |   |                          |  |                                |                        |                           |                                    |  |  |
| (E)        |                |   |  |   |                          |  |                                |                        |                           |                                    |  |  |
| • /        |                |   |  |   |                          |  |                                |                        |                           |                                    |  |  |
| T-4-1      |                |   |  |   |                          |  |                                |                        |                           |                                    |  |  |

### 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          | tion A. Public Support  |  | , p                                     |                                      | ,  |                                    |                  |
|--------------|---|--|---|--------------------------------------|--|------------------------------------|------------------|
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►  | <b>(a)</b> 2016                          | <b>(b)</b> 2017                         | <b>(c)</b> 2018                      | <b>(d)</b> 2019                                | <b>(e)</b> 2020                    | <b>(f)</b> Total |
| 1            | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')  | 3,647,111.                               | 3,916,110.                              | 3,818,454.                           | 4,039,311.                                     | 3,681,278.                         | 19,102,264.      |
|              | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |  | ,                                       |                                      |  | ,                                  | 0.               |
| 3            | The value of services or facilities furnished by a governmental unit to the organization without charge   |  |   |                                      |  |                                    | 0.               |
| 4            | Total. Add lines 1 through 3  | 3,647,111.                               | 3,916,110.                              | 3,818,454.                           | 4,039,311.                                     | 3,681,278.                         | 19,102,264.      |
| 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) |  |   |                                      |  |                                    | 0.               |
| 6            | Public support. Subtract line 5 from line 4   |  |   |                                      |  |                                    | 19,102,264.      |
| Sec          | tion B. Total Support   |  |   |                                      | •  |                                    | ,                |
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►  | <b>(a)</b> 2016                          | <b>(b)</b> 2017                         | <b>(c)</b> 2018                      | <b>(d)</b> 2019                                | <b>(e)</b> 2020                    | <b>(f)</b> Total |
| 7            | Amounts from line 4   | 3,647,111.                               | 3,916,110.                              | 3,818,454.                           | 4,039,311.                                     | 3,681,278.                         | 19,102,264.      |
| 8            | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   | 10,998.                                  | 10,350.                                 | 11,096.                              | 9,523.   | 6,275.                             | 48,242.          |
| 9            | Net income from unrelated business activities, whether or not the business is regularly carried on  | = 0,0000                                 | 20,000                                  |                                      | 3,0=01   | 0,=::::                            | 0.               |
| 10           | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI   | 600.                                     | 6,937.                                  | 25,603.                              | 144.   | 1,115.                             | 34,399.          |
| 11           | Total support. Add lines 7 through 10   |  |   |                                      |  |                                    | 19,184,905.      |
| 12           | Gross receipts from related activ   | vities, etc. (see ins                    | structions)                             |                                      |  | 12                                 | 497,495.         |
| 13           | First 5 years. If the Form 990 is organization, check this box and  | for the organization                     | on's first, second,                     | third, fourth, or f                  | ifth tax year as a                             | section 501(c)(3)                  | ▶ □              |
| Sec          | tion C. Computation of Pu   | blic Support P                           | ercentage                               |                                      |  |                                    | <u> </u>         |
|              | Public support percentage for 20  |  |   | ne 11, column (f)                    | )  | 14                                 | 99.57%           |
| 15           | Public support percentage from  | 2019 Schedule A,                         | Part II, line 14                        |                                      |  | 15                                 | 99.55%           |
| 16a          | <b>33-1/3% support test—2020.</b> If to and <b>stop here.</b> The organization  | he organization di<br>qualifies as a pul | d not check the b<br>olicly supported o | ox on line 13, an                    | d line 14 is 33-1/3                            | 3% or more, check                  | this box         |
| b            | <b>33-1/3% support test—2019.</b> If the and <b>stop here.</b> The organization   | ne organization did<br>qualifies as a pu | d not check a box<br>blicly supported o | on line 13 or 16a                    | a, and line 15 is 3                            | 3-1/3% or more, o                  | check this box   |
| 17a          | <b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts   | meets the facts-a                        | nd-circumstances                        | test, check this I                   | box and stop here                              | e. Explain in Part                 | VI how           |
|              | 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an  | meets the facts-a<br>d-circumstances     | nd-circumstances<br>test. The organiza  | test, check this lation qualifies as | box and <b>stop here</b><br>a publicly support | e. Explain in Part ed organization | VI how the ►     |
| 18           | <b>Private foundation.</b> If the organization  | zation did not che                       | ck a box on line                        | 13, 16a, 16b, 1/a                    | , or 1/b, check th                             | is box and see in                  | structions       |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec    | tion A. Public Support  | ,                       | picase complete          | ,                   |                      |                     |                  |
|--------|---|-------------------------|--------------------------|---------------------|----------------------|---------------------|------------------|
| Calend | dar year (or fiscal year beginning in)  | <b>(a)</b> 2016         | <b>(b)</b> 2017          | <b>(c)</b> 2018     | <b>(d)</b> 2019      | <b>(e)</b> 2020     | (f) Total        |
| 1      | Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)  | .,                      | .,                       |                     | , ,                  |                     |                  |
| 2      | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. |                         |                          |                     |                      |                     |                  |
| 3      | Gross receipts from activities that are not an unrelated trade or business under section 513.   |                         |                          |                     |                      |                     |                  |
| 4      | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |                         |                          |                     |                      |                     |                  |
| 5      | The value of services or facilities furnished by a governmental unit to the organization without charge   |                         |                          |                     |                      |                     |                  |
|        | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons  |                         |                          |                     |                      |                     |                  |
| b      | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.           |                         |                          |                     |                      |                     |                  |
| С      | Add lines 7a and 7b   |                         |                          |                     |                      |                     |                  |
|        | Public support. (Subtract line 7c from line 6.)   |                         |                          |                     |                      |                     |                  |
| Sec    | tion B. Total Support   |                         | •                        |                     | 1                    | ,                   |                  |
|        | dar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2016         | <b>(b)</b> 2017          | <b>(c)</b> 2018     | <b>(d)</b> 2019      | <b>(e)</b> 2020     | <b>(f)</b> Total |
|        | Amounts from line 6   |                         |                          |                     |                      |                     |                  |
| 10a    | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   |                         |                          |                     |                      |                     |                  |
|        | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |                         |                          |                     |                      |                     |                  |
|        | Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.                      |                         |                          |                     |                      |                     |                  |
| 12     | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  |                         |                          |                     |                      |                     |                  |
|        | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)   |                         |                          |                     |                      |                     |                  |
|        | First 5 years. If the Form 990 is organization, check this box and  | stop here               |                          | third, fourth, or f | ifth tax year as a   | section 501(c)(3)   | ▶ □              |
|        | tion C. Computation of Pul  |                         |                          |                     |                      | 1 1                 |                  |
|        | Public support percentage for 20  | •                       | •                        |                     | -                    |                     | %                |
|        | Public support percentage from 2  |                         |                          |                     |                      | 16                  | 0/0              |
|        | tion D. Computation of Inv  |                         |                          |                     |                      |                     |                  |
|        | Investment income percentage for  | •                       |                          | -                   | ***                  |                     | 0,0              |
|        | Investment income percentage fi   |                         |                          |                     |                      |                     | %                |
|        | <b>33-1/3% support tests—2020.</b> If t is not more than 33-1/3%, check   | this box and <b>sto</b> | <b>p here.</b> The organ | ization qualifies a | as a publicly supp   | orted organization  | ▶ ∐              |
|        | <b>33-1/3% support tests—2019.</b> If t line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization   | , check this box        | and <b>stop here.</b> Th | e organization qu   | ialifies as a public | cly supported organ | ization ►        |

### Part IV Supporting Organizations

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

### **Section A. All Supporting Organizations**

|            |   |          | Yes | No |
|------------|---|----------|-----|----|
| 1          | Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.   | 1        |     |    |
| 2          | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was  |          |     |    |
| 3a         | described in section 509(a)(1) or (2).  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.   | 2<br>3a  |     |    |
| t          | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.   | 3b       |     |    |
| c          | 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       |     |    |
| <b>4</b> a | Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.   | 4a       |     |    |
| b          | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  | 4b       |     |    |
| c          | : Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.   | 4c       |     |    |
| 5a         | Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was |          |     |    |
| t          | accomplished (such as by amendment to the organizing document).  Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the  | 5a       |     |    |
| c          | organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?   | 5b<br>5c |     |    |
|            | 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, (ii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .   | 6        |     |    |
| 7          | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).   | 7        |     |    |
| 8          | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).   | 8        |     |    |
| 9a         | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  |          |     |    |
| ŀ          | If 'Yes,' provide detail in <b>Part VI</b> .  Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the   | 9a       |     |    |
|            | supporting organization had an interest? If 'Yes,' provide detail in Part VI.   | 9b       |     |    |
|            | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .  | 9с       |     |    |
| ıUa        | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.  | 10a      |     |    |
| b          | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).   | 10b      |     |    |

| Pa | if iv   Supporting Organizations (Continued)  |         |         |     |
|----|---|---------|---------|-----|
| 11 | Line the experimentian accorded a gift or contribution from any of the following payment?   |         | Yes     | No  |
|    | Has the organization accepted a gift or contribution from any of the following persons? <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below.  |         |         |     |
|    | the governing body of a supported organization?   | 11a     |         |     |
|    | <b>b</b> A family member of a person described in line 11a above?   | 11b     |         |     |
|    | C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.   | 11c     |         |     |
| Se | ction B. Type I Supporting Organizations  |         |         |     |
| _  |   |         | Yes     | No  |
| 1  | or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers | 1       |         |     |
| •  | during the tax year.  | ·       |         |     |
| 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  | 2       |         |     |
| Se | ction C. Type II Supporting Organizations   |         |         |     |
|    |   |         | Yes     | No  |
| 1  | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).   | 1       |         |     |
| Se | ction D. All Type III Supporting Organizations  |         |         |     |
|    |   |         | Yes     | No  |
| 1  | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the  | 4       |         |     |
|    | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1       |         |     |
| 2  | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).  | 2       |         |     |
| 3  | By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.   | 3       |         |     |
| Se | ction 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 instructions).   |         |         |     |
|    | The organization satisfied the Activities Test. Complete line 2 below.  |         |         |     |
|    | <b>b</b> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>   |         |         |     |
|    | c The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see   | instri  | ıction  | s)  |
|    | The organization supported a governmental entity. Describe in <b>Fait Vi</b> now you supported a governmental entity (see   | 1115616 | actions | 3). |
| 2  | Activities Test. Answer lines 2a and 2b below.  |         | Yes     | No  |
|    | a 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 <b>Part VI identify those supported</b> organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted   |         |         |     |
|    | substantially all of its activities.  | 2a      |         |     |
|    | <b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI</i> 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      |         |     |
| _  | •   |         |         |     |
|    | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 2 Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of   |         |         |     |
|    | <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If 'Yes' or 'No,' provide details in <b>Part VI.</b></i>   | 3a      |         |     |
|    | <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.   | 3b      |         |     |

| 1   | $\sim$ | 1  | $\sim$ | 4 | $\sim$ |   | 1   | $\sim$ |  |
|-----|--------|----|--------|---|--------|---|-----|--------|--|
| - 1 | ۲.     | -3 | ч      | 4 | ۲.     | h | ٠ ٢ | u      |  |

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| 1   | Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization                               | t on No | v. 20, 1970 (explain ir | n Part VI). <b>See</b><br>through E. |
|-----|--|---------|-------------------------|--------------------------------------|
| Sec | tion A — Adjusted Net Income   |         | (A) Prior Year          | (B) Current Year<br>(optional)       |
| 1   | Net short-term capital gain  | 1       |                         |                                      |
| 2   | Recoveries of prior-year distributions   | 2       |                         |                                      |
| 3   | Other gross income (see instructions)  | 3       |                         |                                      |
| 4   | Add lines 1 through 3.   | 4       |                         |                                      |
| 5   | Depreciation and depletion   | 5       |                         |                                      |
| 6   | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6       |                         |                                      |
| 7   | Other expenses (see instructions)  | 7       |                         |                                      |
| 8   | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)   | 8       |                         |                                      |
| Sec | tion B — Minimum Asset Amount  |         | (A) Prior Year          | (B) Current Year<br>(optional)       |
| 1   | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |         |                         |                                      |
|     | Average monthly value of securities  | 1a      |                         |                                      |
|     | Average monthly cash balances  | 1b      |                         |                                      |
|     | Fair market value of other non-exempt-use assets   | 1c      |                         |                                      |
|     | I Total (add lines 1a, 1b, and 1c)   | 1d      |                         |                                      |
|     | e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |         |                         |                                      |
| 2   | Acquisition indebtedness applicable to non-exempt-use assets   | 2       |                         |                                      |
| 3   | Subtract line 2 from line 1d.  | 3       |                         |                                      |
| 4   | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | 4       |                         |                                      |
| 5   | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5       |                         |                                      |
| 6   | Multiply line 5 by 0.035.  | 6       |                         |                                      |
| 7   | Recoveries of prior-year distributions   | 7       |                         |                                      |
| 8   | Minimum Asset Amount (add line 7 to line 6)  | 8       |                         |                                      |
| Sec | tion C — Distributable Amount  |         |                         | Current Year                         |
| 1   | Adjusted net income for prior year (from Section A, line 8, column A)  | 1       |                         |                                      |
| 2   | Enter 0.85 of line 1.  | 2       |                         |                                      |
| 3   | Minimum asset amount for prior year (from Section B, line 8, column A)   | 3       |                         |                                      |
| 4   | Enter greater of line 2 or line 3.   | 4       |                         |                                      |
| _ 5 | Income tax imposed in prior year   | 5       |                         |                                      |
| 6   | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6       |                         |                                      |
| 7   | Check here if the current year is the organization's first as a non-functionally inte (see instructions).  | grated  | Type III supporting or  | ganization                           |

Schedule A (Form 990 or 990-EZ) 2020

BAA

| Par | t V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (contin   | nued) |              |
|-----|---|-------|--------------|
| Sec | tion D - Distributions  |       | Current Year |
| 1   | Amounts paid to supported organizations to accomplish exempt purposes   | 1     |              |
| 2   | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2     |              |
| 3   | Administrative expenses paid to accomplish exempt purposes of supported organizations   | 3     |              |
| 4   | Amounts paid to acquire exempt-use assets   | 4     |              |
| 5   | Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)  | 5     |              |
| 6   | Other distributions (describe in <b>Part VI</b> ). See instructions.  | 6     |              |
| 7   | <b>Total annual distributions.</b> Add lines 1 through 6.   | 7     |              |
| 8   | Distributions to attentive supported organizations to which the organization is responsive (provide details                           |       |              |
|     | in <b>Part VI</b> ). See instructions.  | 8     |              |
| 9   | Distributable amount for 2020 from Section C, line 6  | 9     |              |
| 10  | Line 8 amount divided by line 9 amount  | 10    |              |

| Section E — Distribution Allocations (see instructions)  | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2020 | (iii)<br>Distributable<br>Amount for 2020 |
|--|--------------------------------|--|---|
| 1 Distributable amount for 2020 from Section C, line 6   |                                |  |   |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.  |                                |  |   |
| 3 Excess distributions carryover, if any, to 2020  |                                |  |   |
| <b>a</b> From 2015   |                                |  |   |
| <b>b</b> From 2016   |                                |  |   |
| <b>c</b> From 2017   |                                |  |   |
| <b>d</b> From 2018   |                                |  |   |
| <b>e</b> From 2019   |                                |  |   |
| f Total of lines 3a through 3e   |                                |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                                |  |   |
| h Applied to 2020 distributable amount   |                                |  |   |
| i Carryover from 2015 not applied (see instructions)   |                                |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.   |                                |  |   |
| 4 Distributions for 2020 from Section D, line 7:   |                                |  |   |
| a Applied to underdistributions of prior years   |                                |  |   |
| <b>b</b> Applied to 2020 distributable amount  |                                |  |   |
| c Remainder. Subtract lines 4a and 4b from line 4.   |                                |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                |  |   |
| <b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                |  |   |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c.   |                                |  |   |
| 8 Breakdown of line 7:   | _                              |  |   |
| a Excess from 2016   |                                |  |   |
| <b>b</b> Excess from 2017  |                                |  |   |
| c Excess from 2018   |                                |  |   |
| d Excess from 2019   |                                |  |   |
| e Excess from 2020   |                                |  |   |
| BΛΛ  |                                | Schodulo A (Fo                         | rm 990 or 990-F7) 2020                    |

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Schedule A (Form 990 or 990-EZ) 2020

13-3943630

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Part VI

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

### Part II, Line 10 - Other Income

| Nature and Source |       |          | 2020             |          | 2019         |          | 2018               |          | 2017             |          | 2016         |
|-------------------|-------|----------|------------------|----------|--------------|----------|--------------------|----------|------------------|----------|--------------|
| Other Income      | Total | \$<br>\$ | 1,115.<br>1,115. | \$<br>\$ | 144.<br>144. | \$<br>\$ | 25,603.<br>25,603. | \$<br>\$ | 6,937.<br>6,937. | \$<br>\$ | 600.<br>600. |

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

| Soi  | ith Asian Youth Action SAYA Inc   |   |  | 13-3943630  |
|------|---|---|--|---|
| Par  | 1 Organizations Maintaining Donor   | Advised Funds or Other  | Similar Funds or A                               |   |
|      | Complete if the organization answ   | ered 'Yes' on Form 990, P   | art IV, line 6.                                  |   |
|      |   | (a) Donor advised fund  | ds <b>(b</b> )                                   | Funds and other accounts  |
| 1    | Total number at end of year   |   |  |   |
| 2    | Aggregate value of contributions to (during year)   |   |  |   |
| 3    | Aggregate value of grants from (during year)  |   |  |   |
| 4    | Aggregate value at end of year  |   |  |   |
| 5    | Did the organization inform all donors and dono are the organization's property, subject to the o   | r advisors in writing that the ass<br>rganization's exclusive legal cor | sets held in donor advise                        | ed funds  |
| 6    | Did the organization inform all grantees, donors for charitable purposes and not for the benefit compermissible private benefit?                            | of the donor or donor advisor, or                                       | for any other purpose of                         | conferring  |
| Par  |   |   |  |   |
| ı uı | Complete if the organization answ   | ered 'Yes' on Form 990, F   | Part IV, line 7.                                 |   |
| 1    | Purpose(s) of conservation easements held by  |   |  |   |
|      | Preservation of land for public use (for example  | •   | <u></u>  | storically important land area                                    |
|      | Protection of natural habitat   |   | Preservation of a ce                             | rtified historic structure  |
|      | Preservation of open space  |   |  |   |
| 2    | Complete lines 2a through 2d if the organization he   | ld a qualified conservation contribu                                    | ution in the form of a cons                      | servation easement on the   |
|      | last day of the tax year.   |   |  |   |
|      | <del>-</del>  |   |  | Held at the End of the Tax Year                                   |
| -    | a Total number of conservation easements  |   |  |   |
|      | Total acreage restricted by conservation easem  |   |  |   |
|      | Number of conservation easements on a certific  |   | · · · · · · · · · · · · · · · · · · ·            |   |
|      | d Number of conservation easements included in structure listed in the National Register  |   | 2d   |   |
| 3    | Number of conservation easements modified, transtax year ►  | ferred, released, extinguished, or to                                   | erminated by the organiza                        | ation during the  |
| 4    | Number of states where property subject to conserv  | ration easement is located ►  |  |   |
| 5    | Does the organization have a written policy regard and enforcement of the conservation easements  | arding the periodic monitoring, in sit holds?                           | nspection, handling of v                         | iolations,<br>Yes No  |
| 6    | Staff and volunteer hours devoted to monitoring, in:  •   | specting, handling of violations, an                                    | d enforcing conservation                         | easements during the year   |
| 7    | Amount of expenses incurred in monitoring, inspect ▶\$  | ting, handling of violations, and en                                    | forcing conservation ease                        | ments during the year   |
| 8    | Does each conservation easement reported on and section 170(h)(4)(B)(ii)?   | line 2(d) above satisfy the requir                                      | rements of section 170(                          | h)(4)(B)(i)<br>Yes No   |
| 9    | In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.                                 | rts conservation easements in it<br>the organization's financial stat   | s revenue and expense<br>ements that describes t | statement and balance sheet, and he organization's accounting for |
| Par  | ↑ III Organizations Maintaining Collect   | tions of Art. Historical Tre  | easures, or Other S                              | imilar Assets.  |
| ı aı | Complete if the organization answ   | ered 'Yes' on Form 990, F   | Part IV, line 8.                                 |   |
| 1 a  | a If the organization elected, as permitted under I historical treasures, or other similar assets held Part XIII the text of the footnote to its financial  | I for public exhibition, education,                                     | or research in furthera                          | nd balance sheet works of art, nce of public service, provide in  |
| I    | o If the organization elected, as permitted under I<br>historical treasures, or other similar assets held for<br>following amounts relating to these items: | public exhibition, education, or res                                    | search in furtherance of p                       | ublic service, provide the  |
|      | (i) Revenue included on Form 990, Part VIII, li   |   |  |   |
|      | (ii) Assets included in Form 990, Part X  |   |  |   |
|      | If the organization received or held works of art, his amounts required to be reported under FASB A   | SC 958 relating to these items:   |  |   |
|      | a Revenue included on Form 990, Part VIII, line 1   |   |  |   |
|      | Assets included in Form 990 Part X  |   |  | ►Ś  |

| Part III Organizations Maintaining Col  | liections of Art, Histo                        | ricai Treasures, or             | Other Similar Ass            | sets (continuea)       |
|---|--|---------------------------------|------------------------------|------------------------|
| 3 Using the organization's acquisition, accession, items (check all that apply):              | , and other records, check as                  | ny of the following that m      | ake significant use of its   | collection             |
| a Public exhibition   | <b>d</b> Loan o                                | or exchange program             |                              |                        |
| <b>b</b> Scholarly research   | e Other  |                                 |                              |                        |
| c Preservation for future generations   |  |                                 |                              |                        |
| 4 Provide a description of the organization's colle<br>Part XIII.                             | ,  | J                               |                              |                        |
| 5 During the year, did the organization solicit to be sold to raise funds rather than to be n | naintained as part of the o                    | rganization's collection        | ?                            | Yes No                 |
| Escrow and Custodial Arrange line 9, or reported an amount of                                 | ements. Complete if to<br>on Form 990, Part X, | ne organization and line 21.    | swered 'Yes' on Fo           | orm 990, Part IV,      |
| 1 a Is the organization an agent, trustee, custoo on Form 990, Part X?                        | dian or other intermediary                     | for contributions or othe       | er assets not included       | Yes No                 |
| <b>b</b> If 'Yes,' explain the arrangement in Part XII  | I and complete the following                   | ng table:                       |                              |                        |
|   |  |                                 |                              | Amount                 |
| <b>c</b> Beginning balance  |  |                                 | 1c                           |                        |
| <b>d</b> Additions during the year  |  |                                 |                              |                        |
| e Distributions during the year   |  |                                 |                              |                        |
| f Ending balance  |  |                                 |                              | <u> </u>               |
| 2 a Did the organization include an amount on F   |  |                                 | -                            |                        |
| <b>b</b> If 'Yes,' explain the arrangement in Part XII  | I. Check here if the explar                    | nation has been provide         | d on Part XIII               |                        |
| D. IV E. L. O. L.   |  | 10/ 1 5                         | 000 D 1 N / 1:               | 10                     |
| Part V Endowment Funds. Complete  |  |                                 |                              |                        |
| (a) Curre   | ent year (b) Prior year                        | (c) Two years back              | (d) Three years back         | (e) Four years back    |
| 1 a Beginning of year balance   |  |                                 |                              |                        |
| <b>b</b> Contributions  |  |                                 |                              |                        |
| c Net investment earnings, gains,   |  |                                 |                              |                        |
| and losses  d Grants or scholarships  |  |                                 |                              |                        |
| '   |  |                                 |                              |                        |
| e Other expenditures for facilities and programs  |  |                                 |                              |                        |
| f Administrative expenses   |  |                                 |                              |                        |
| g End of year balance   |  |                                 |                              |                        |
| 2 Provide the estimated percentage of the cur   | rent year end balance (lin                     | e 1g, column (a)) held          | as:                          |                        |
| a Board designated or quasi-endowment ▶   | %  |                                 |                              |                        |
| <b>b</b> Permanent endowment ►  | %  |                                 |                              |                        |
| c Term endowment ►%   |  |                                 |                              |                        |
| The percentages on lines 2a, 2b, and 2c should  | d equal 100%.                                  |                                 |                              |                        |
| 3a Are there endowment funds not in the possessi  | on of the organization that a                  | are held and administered       | I for the                    |                        |
| organization by:  |  |                                 |                              | Yes No                 |
| (i) Unrelated organizations   |  |                                 |                              | 3a(i)                  |
| (ii) Related organizations  |  |                                 |                              | 3a(ii)                 |
| <b>b</b> If 'Yes' on line 3a(ii), are the related organize                                    | · ·  |                                 |                              | 3b                     |
| 4 Describe in Part XIII the intended uses of the  |  | ent funds.                      |                              |                        |
| Part VI Land, Buildings, and Equipme  |  | 000 D IV/ E                     | 11- 0 5 00                   | 00 David V. Bara 10    |
| Complete if the organization ar   |  | 1                               | : 11a. See Form 99           |                        |
| Description of property   | (a) Cost or other basis (investment)           | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value         |
| <b>1 a</b> Land   |  |                                 |                              |                        |
| <b>b</b> Buildings  |  |                                 |                              |                        |
| c Leasehold improvements  |  | 11,050.                         | 11,050.                      | 0.                     |
| <b>d</b> Equipment  |  | 1,995.                          | 1,995.                       | 0.                     |
| <b>e</b> Other  |  | 20,775.                         | 19,532.                      | 1,243.                 |
| Total. Add lines 1a through 1e. (Column (d) must  | equal Form 990, Part X, o                      | column (B), line 10c.)          |                              | 1,243.                 |
| ΒΔΔ   |  |                                 | Schen                        | lule D (Form 990) 2020 |

| Investments - Other Securities.<br>  Complete if the organization answered                  | 1 'Yes' on Form 99                | N/A<br>0 Part IV line 11h See Form 99             | 90 Part X line 12      |
|---|-----------------------------------|---|------------------------|
| (a) Description of security or category (including name of security)                        | (b) Book value                    | (c) Method of valuation: Cost or end-of           |                        |
| (1) Financial derivatives   | <u> </u>                          |   | ,                      |
| (2) Closely held equity interests   |                                   |   |                        |
| (3) Other   |                                   |   |                        |
| (A)   |                                   |   |                        |
| <br>(B)   |                                   |   |                        |
| (C)   |                                   |   |                        |
| (D)   |                                   |   |                        |
| (E)   |                                   |   |                        |
| <u>(F)</u>  |                                   |   |                        |
| (G)   |                                   |   |                        |
| (H)   |                                   |   |                        |
| (l)<br>====================================   | -                                 |   |                        |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)                        | 1                                 | 27./2   |                        |
| Part VIII Investments – Program Related. Complete if the organization answered              | 1 'Yes' on Form 99                | N/A<br>0 Part IV line 11c See Form 99             | 00 Part X line 13      |
| (a) Description of investment   | (b) Book value                    | (c) Method of valuation: Cost or end-             |                        |
| (1)   | · · · ·                           |   |                        |
| (2)   |                                   |   |                        |
| (3)   |                                   |   |                        |
| (4)   |                                   |   |                        |
| (5)   |                                   |   |                        |
| (6)   |                                   |   |                        |
| (7)   |                                   |   |                        |
| (8)   |                                   |   |                        |
| (9)   |                                   |   |                        |
| (10)  |                                   |   |                        |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)                        |                                   |   |                        |
| Part IX Other Assets. Complete if the organization answered                                 | N/ <i>I</i><br>d 'Yes' on Form 99 | <del>1</del><br>0  Part IV  line 11d  See Form 99 | 00 Part X line 15      |
|   | escription                        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,           | (b) Book value         |
| (1)   |                                   |   |                        |
| (2)   |                                   |   |                        |
| (3)   |                                   |   |                        |
| (4)   |                                   |   |                        |
| (5)<br>(6)  |                                   |   |                        |
| (7)   |                                   |   |                        |
| (8)   |                                   |   |                        |
| (9)   | -                                 |   |                        |
| (10)  |                                   |   |                        |
| Total. (Column (b) must equal Form 990, Part X, column (                                    | ß) line 15.)                      | ▶   |                        |
| Part X Other Liabilities.   | - 000 B + 11/4 1: 4               | 14 446 0 E 000 B 1 V 1: 05                        |                        |
| Complete if the organization answered 'Yes' on F  | Form 990, Part IV, line I         | The or 111. See Form 990, Part X, line 25.        | <b>(b)</b> Book value  |
| 1. (a) Description (a) Description (a) Description (a) Description (b) Federal income taxes | прион от навшиу                   |   | (b) book value         |
| (2)   |                                   |   |                        |
| (3)   |                                   |   |                        |
| (4)   | -                                 |   |                        |
| (5)   |                                   |   |                        |
| (6)   |                                   |   |                        |
| (7)   |                                   |   |                        |
| (8)   |                                   |   |                        |
| (9)<br>(10)   |                                   |   |                        |
| (10)  |                                   |   |                        |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)                        |                                   | <b>&gt;</b>                                       |                        |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo          |                                   |   | iahility for uncertain |
| tax positions under FASB ASC 740. Check here if the text of the footnote ha                 |                                   |   |                        |

| Part XI Reconciliation of Revenue per Audited Financial Statements W  | •                      |            |
|---|------------------------|------------|
| Complete if the organization answered 'Yes' on Form 990, Part   | IV, line 12a.          |            |
| 1 Total revenue, gains, and other support per audited financial statements  |                        | 3,809,909. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |                        |            |
| a Net unrealized gains (losses) on investments  | a -3,157.              |            |
| b Donated services and use of facilities  |                        |            |
| c Recoveries of prior year grants   | :                      |            |
| d Other (Describe in Part XIII.)  | 1                      |            |
| e Add lines 2a through 2d   | 2e                     | -3,157.    |
| 3 Subtract line 2e from line 1  |                        | 3,813,066. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |                        | , .        |
| a Investment expenses not included on Form 990, Part VIII, line 7b  | a                      |            |
| <b>b</b> Other (Describe in Part XIII.) 4   | <u> </u>               |            |
| c Add lines <b>4a</b> and <b>4b</b>   | 4c                     |            |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   | 5                      | 3,813,066. |
| Part XII Reconciliation of Expenses per Audited Financial Statements  | With Expenses per Retu | rn.        |
|   |                        |            |
| Complete if the organization answered 'Yes' on Form 990, Part   | IV, line 12a.          |            |
| Total expenses and losses per audited financial statements  |                        | 3,755,738. |
|   |                        | 3,755,738. |
| 1 Total expenses and losses per audited financial statements  | 1                      | 3,755,738. |
| <ul><li>1 Total expenses and losses per audited financial statements</li><li>2 Amounts included on line 1 but not on Form 990, Part IX, line 25:</li></ul>  | a                      | 3,755,738. |
| Total expenses and losses per audited financial statements     Amounts included on line 1 but not on Form 990, Part IX, line 25:     a Donated services and use of facilities   | a 1                    | 3,755,738. |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities   | a 1                    | 3,755,738. |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 26 b Prior year adjustments 21 c Other losses. 20   | 1<br>2<br>3<br>3       |            |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2: b Prior year adjustments 2: c Other losses. 2: d Other (Describe in Part XIII.) 2:   | 1 1 2 e                |            |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.  | 1 1 2 e                |            |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1.  | 1 1 2 e 3              |            |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:   | 1 1 2 e 3              |            |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b. | 1 1 2 e 3 4 c 4 c      | 3,755,738. |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Other (Describe in Part XIII.)                        | 1 1 2 e 3 4 c 4 c      | 3,755,738. |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### Part X - FASB ASC 740 Footnote

SAYA does not believe its financial statements include any material, uncertain tax positions. Tax filings for the periods ending June 30, 2018 and later are subject to examination by applicable taxing authorities.

BAA Schedule D (Form 990) 2020

#### SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

Employer identification number 13-3943630 South Asian Youth Action SAYA Inc. Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?..... No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (b) EIN (d) Amount of cash grant (f) Method of valuation 1 (a) Name and address of organization (e) Amount of non-cash (a) Description of (h) Purpose of grant or government (book, FMV, appraisal, noncash assistance assistance or assistance 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ...... 3 Enter total number of other organizations listed in the line 1 table.....

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (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 |
|--------------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 Scholarships for Youth             | 88                       | 211,250.                 |                                  |   |                                       |
| 2 Direct assistance (COVID19 Relief) | 19                       | 71,700.                  |                                  |   |                                       |
| 3                                    |                          |                          |                                  |   |                                       |
| 4                                    |                          |                          |                                  |   |                                       |
| 5                                    |                          |                          |                                  |   |                                       |
| 6                                    |                          |                          |                                  |   |                                       |
| 7                                    |                          |                          |                                  |   |                                       |

**Part IV** | **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

#### Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

After students are awarded a SAYA scholarship, SAYA tracks the students' enrollment and grades, as well as continuing to provide support and guidance. Scholarships are given out in eight installments throughout each student's time in college.

Scholarship recipients share their grades and proof of course enrollment with SAYA after each semester, and must meet requirements previously shared with them in order to receive a subsequent installment. Students sign a contract when first awarded that the scholarship funds are to be used for the purpose of education related costs.

BAA Schedule I (Form 990) 2020

#### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service **Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

South Asian Youth Action SAYA Inc.

Part I Questions Regarding Compensation

Employer identification number 13-3943630

|     |   |  |     | Yes | No |  |
|-----|---|--|-----|-----|----|--|
| 1 8 | a Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a. Complete Part III to provide any relev   | the following to or for a person listed on Form 990, Part ant information regarding these items.   |     |     |    |  |
|     | First-class or charter travel   | Housing allowance or residence for personal use  |     |     |    |  |
|     | Travel for companions   | Payments for business use of personal residence  |     |     |    |  |
|     | Tax indemnification and gross-up payments   | Health or social club dues or initiation fees  |     |     |    |  |
|     | Discretionary spending account  | Personal services (such as maid, chauffeur, chef)  |     |     |    |  |
|     | If you of the house on line 1 and the dead of the transmission for  | Harris a constituent on a linear or a manufacture of the constituent o |     |     |    |  |
|     | If any of the boxes on line 1a are checked, did the organization for<br>reimbursement or provision of all of the expenses described;  |  | 1 b |     |    |  |
|     | ·   | , , ,  |     |     |    |  |
| 2   | Did the organization require substantiation prior to reimbursin trustees, and officers, including the CEO/Executive Director,   |  | 2   |     |    |  |
| 3   | Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/ Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. |  |     |     |    |  |
|     | X Compensation committee  | X Written employment contract  |     |     |    |  |
|     | Independent compensation consultant   | X Compensation survey or study   |     |     |    |  |
|     | Form 990 of other organizations   | Approval by the board or compensation committee  |     |     |    |  |
|     |   |  |     |     |    |  |
| 4   | During the year, did any person listed on Form 990, Part VII, organization or a related organization:   | Section A, line 1a, with respect to the filing   |     |     |    |  |
| i   | ${f a}$ Receive a severance payment or change-of-control payment?   | ?  | 4 a |     | Χ  |  |
| ı   | Participate in or receive payment from a supplemental nonqu   | ualified retirement plan?  | 4 b |     | Χ  |  |
| (   | Participate in or receive payment from an equity-based comp   | -  | 4 c |     | X  |  |
|     | If 'Yes' to any of lines 4a-c, list the persons and provide the a   | applicable amounts for each item in Part III.  |     |     |    |  |
|     | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization  | us must complete lines 5.9   |     |     |    |  |
| _   | For persons listed on Form 990, Part VII, Section A, line 1a, did the   | •  |     |     |    |  |
| Э   | contingent on the revenues of:  | ne organization pay or accrue any compensation   |     |     |    |  |
| i   | The organization?   |  | 5 a |     | Χ  |  |
| ı   | Any related organization?   |  | 5 b |     | Χ  |  |
|     | If 'Yes' on line 5a or 5b, describe in Part III.  |  |     |     |    |  |
| 6   | For persons listed on Form 990, Part VII, Section A, line 1a, did the contingent on the net earnings of:  | he organization pay or accrue any compensation   |     |     |    |  |
| i   | The organization?   |  | 6a  |     | Χ  |  |
| I   | Any related organization?   |  | 6 b |     | Χ  |  |
|     | If 'Yes' on line 6a or 6b, describe in Part III.  |  |     |     |    |  |
| 7   | For persons listed on Form 990, Part VII, Section A, line 1a, payments not described on lines 5 and 6? If 'Yes,' describe in  | did the organization provide any nonfixed<br>n Part III.   | 7   |     | Х  |  |
| 8   | Were any amounts reported on Form 990, Part VII, paid or ac   | ccrued pursuant to a contract that was subject   |     |     |    |  |
| -   | to the initial contract exception described in Regulations section  | ion 53.4958-4(a)(3)?   |     |     | ., |  |
|     | If 'Yes,' describe in Part III  |  | 8   |     | X  |  |
| 9   | If 'Yes' on line 8, did the organization also follow the rebuttable pr section 53.4958-6(c)?  |  | 9   |     |    |  |

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

Schedule J (Form 990) 2020

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title |      | (B) Breakdown         | of W-2 and/or 1099-MI                                   | SC compensation                           | (C) Detinent                                   | <b>(5)</b> N            | <b>(F)</b> T + + (             | (E) Common action   |
|--------------------|------|-----------------------|---|---|--|-------------------------|--------------------------------|---|
|                    |      | (i) Base compensation | (ii) Bonus & incentive compensation                     | (iii) Other<br>reportable<br>compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns(B)(i)-(D) | (F) Compensation<br>in column (B)<br>reported as<br>deferred on prior<br>Form 990 |
| Sonia B. Sisodia   | (i)  | 141,530.              | 0.  | 0.  | 0.   | 23,729.                 | 165,259.                       | 0.  |
| 1 Executive Dir.   | (ii) | 0.                    | 0.  | 0.  | $\overline{)}$                                 | 0.                      | 0.                             | 0.  |
|                    | (i)  |                       |   |   |  |                         |                                |   |
| 2                  | (ii) |                       |   |   |  |                         |                                |   |
|                    | (i)  |                       |   |   |  |                         |                                |   |
| 3                  | (ii) |                       | T   |   | T  |                         | Γ                              |   |
|                    | (i)  |                       |   |   |  |                         |                                |   |
| 4                  | (ii) |                       | T   |   | T  |                         | Γ                              |   |
|                    | (i)  |                       |   |   |  |                         |                                |   |
| 5                  | (ii) |                       | T   |   | T  |                         | Γ                              |   |
|                    | (i)  |                       |   |   |  |                         |                                |   |
| 6                  | (ii) |                       |   |   |  |                         |                                |   |
|                    | (i)  |                       |   |   |  |                         |                                |   |
| 7                  | (ii) |                       |   |   |  |                         |                                |   |
|                    | (i)  |                       | L   |   | L  |                         | L                              |   |
| 8                  | (ii) |                       |   |   |  |                         |                                |   |
|                    | (i)  |                       | L   |   | L  |                         | L                              |   |
| 9                  | (ii) |                       |   |   |  |                         |                                |   |
|                    | (i)  |                       | L   |   | L  |                         | L                              |   |
| 10                 | (ii) |                       |   |   |  |                         |                                |   |
|                    | (i)  |                       | L   |   | L  |                         | L                              |   |
| 11                 | (ii) |                       |   |   |  |                         |                                |   |
|                    | (i)  |                       | L   |   | L  |                         | L                              |   |
| 12                 | (ii) |                       |   |   |  |                         |                                |   |
|                    | (i)  |                       | L   |   | L  |                         | L                              |   |
| 13                 | (ii) |                       |   |   |  |                         |                                |   |
|                    | (i)  |                       | L   |   | L  |                         | L                              |   |
| 14                 | (ii) |                       |   |   |  |                         |                                |   |
|                    | (i)  |                       | <u> </u>  |   | L  |                         | L                              |   |
| 15                 | (ii) |                       |   |   |  |                         |                                |   |
|                    | (i)  |                       | L   |   |  |                         | L                              |   |
| 16                 | (ii) |                       |   |   |  |                         |                                |   |
| DAA                |      |                       | TEE \( \dagger{1102} \) \( \O \alpha \) \( \O \alpha \) | /20                                       | •  |                         | Calaadada                      | L/Earma 000\ 2020   |

BAA

TEEA4102L 09/25/20

Schedule J (Form 990) 2020

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

TEEA4103L 09/25/20

#### 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

South Asian Youth Action SAYA Inc.

Employer identification number 13-3943630

Schedule O (Form 990 or 990-EZ) (2020)

# Form 990, Part III, Line 1 - Organization Mission

South Asian Youth Action (SAYA) is an inclusive, South Asian-focused 501(c)3 youth development organization, serving students ranging from elementary school to college. Established in 1996, we currently provide after school and summer programming at eight NYC schools as well as our Elmhurst, Queens-based community center. Our mission is to foster a strong sense of belonging in youth and provide them with tools to thrive academically, professionally, and personally. Through our innovative, holistic approach, we work toward educational equity by providing opportunities to less privileged youth, ensuring they are academically, emotionally, and socially prepared to become engaged members of the community.

SAYA youth come from diverse ethnic and religious backgrounds, and many of our participants are first and second generation immigrant youth of color who face numerous barriers that hinder their chances to be academically and socially successful, graduate high school, and attend college. These young people live in under-resourced neighborhoods, and many first-generation parents confront language barriers, societal obstacles, and a lack of familiarity with American culture and the education system. As a result, they are at a disadvantage when it comes to helping their children navigate the complexities of adolescence tied to growing up in the United States. Taking our youth's individual abilities and challenges into account, SAYA works to meet their needs and improve outcomes through personalized and meaningful mentorship and quidance.

For over 26 years, SAYA has developed expertise around the needs of the youth we serve, and provided a nurturing community of support. Our programming is distinctive

TEEA4901L 07/28/20

Name of the organization

South Asian Youth Action SAYA Inc.

Employer identification number

13-3943630

#### Form 990, Part III, Line 1 - Organization Mission

and identity development; academic support - particularly through college access and success programming; career exploration; and sports, arts and STEAM activities to young people from all backgrounds. Our model is also unique in providing empowering, affirming peer support alongside our ongoing staff mentorship. The SAYA experience offers scaffolded and differentiated programming so that youth confidently grow into engaged community leaders ready for college, career, and personal success.

#### Form 990, Part III, Line 4a - Program Service Accomplishments

This past year proved again the resilience and dedication of our youth and staff. Between July 2020 and June 2021, over 1,550 youth in elementary, middle, high school, and college participated in SAYA programming. During this period, our participants continued to make strides in multiple areas, including developing leadership skills and gaining critical social and emotional learning (SEL) competencies that have shown to have long-term positive impact. Research has shown programs using this approach result in: i) better academic performance, ii) improved attitudes and behaviors, iii) fewer negative behaviors, and iv) reduced emotional distress. (Durlak, J. A., Weissberg et al, 2011, meta-analysis of 200 school-based SEL programs involving 200,000 K-12 youth). Through SAYA-authored surveys measuring growth in social and emotional learning, 90% of our center program participants stated they felt a strong feeling of belonging at SAYA and connection to their peers and our program leaders. Youth in kindergarten to 8th grade provided an average rating of 4.4 out of 5.0 in relation to their perceived enjoyment and learning of SAYA programming.

Throughout our work, we understand the importance of self-care and ensuring our young people dedicate time to activities that ground them outside of academic work in order to remain balanced. In addition to regular programming, SAYA program facilitators continued to expand health and wellness efforts through increased one-on-one

Name of the organization

South Asian Youth Action SAYA Inc.

Employer identification number

13-3943630

#### Form 990, Part III, Line 4a - Program Service Accomplishments

check-ins and small group discussions and provided training in self-care techniques to ensure our youth were able to cope with life's stressors. In particular, our college students received individualized mentorship and support to help them remain on track to graduate. In our current college success cohort, 97% of our youth are on track to graduate within 5 years.

In March 2021, SAYA launched a peer-to-peer mentoring program at our community center. The program connects current youth in high school with SAYA college student mentors to cover a range of topics including building social and emotional skills, leadership development, academic support and career advisement. Through one-on-one and group sessions, tutoring, activities and events, mentees built leadership skills, created community, and improved their academic abilities, while mentors learned skills such as delegation, facilitation of group discussions, and designing work plans which will benefit them throughout their lives.

We aim to give youth the tools and resources to realize their higher education aspirations, gain admission and thrive at their best fit college, and prepare to embark on fulfilling careers. By providing these tools, we help our youth become well-rounded individuals, prepared for academic, personal, and professional success. In 2021, 20 youth in our college access programming were granted education aid through our scholarship fund, an individual donor-supported initiative. As of June 2021, 100% of our high school seniors have been accepted to college.

While this pandemic and many of its related challenges may continue for some time, SAYA remains a steadfast resource. We are proud to remain a trusted support system for our youth and community. For so many young people in elementary school through

| Name of the organization           | Employer identification number |
|------------------------------------|--------------------------------|
| South Asian Youth Action SAYA Inc. | 13-3943630                     |

#### Form 990, Part III, Line 4a - Program Service Accomplishments

college, SAYA serves as a vital and welcoming space during these challenging times.

#### Form 990, Part VI, Line 11b - Form 990 Review Process

Management reviewed a draft of the form 990 with the audit/finance committee and provided edits to the tax preparer. After this process was performed, the form 990 was sent to the full board of directors prior to being filed with the IRS.

#### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The organization has a board approved conflicts of interest policy. Each board member must fill out an annual declaration stating they had no conflicts or identifying the nature of their interested party transactions.

#### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Board Executive Committee annually reviews the performance of the Executive Director and refers to available industry data in order to determine a salary change. The Executive Director proposes annual salary increases and salary level changes for senior management positions based on annual performance evaluations and available comparable salary data. These proposed increases are reviewed, discussed and approved by the Board Executive Committee.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

SAYA makes its governing documents, conflict of interest policy and financial statements available to the public upon request.