FY 2020

(Rev. January 2020)

21

22

Part II

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 20**19**

Department of the Treasury Internal Revenue Service

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

Open to Public

Go to www.irs.gov/Form990 for instructions and the latest Information. Inspection For the 2019 calendar year, or tax year beginning July 1 2019, and ending 20 20 C Name of organization SE Asia Foundation Check if applicable: D Employer identification number 48-2929184 Address change Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 9715 Cherry Street Initial return 425-771-7990 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Edmonds, WA 98020-2337 USA 355 361 Amended return G Gross receipts \$ Application pending F Name and address of principal officer: H(a) is this a group return for subordinates? Yes Vo No William Taylor, Founder. 9715 Cherry St. Edmonds, WA 98020-2337 H(b) Are all subordinates included? Yes No Tax-exempt status: F) 501(d(3) 501(d) () < (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) Website: ▶ H(c) Group exemption number > Form of organization:

Corporation

Trust

Association

Other ▶ WA L Year of formation: M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: Alleviating poverty in SE Asia by supporting achools, child care facilities, orphanages, job-training centers, and related organizations. Activities & Governance 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 3 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) Ö 5 Total number of volunteers (estimate if necessary) 0 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 7a Net unrelated business taxable income from Form 990-T, line 39 0 7b Prior Year Current Yes Contributions and grants (Part VIII, line 1h) . 354,103 490.471 Revenue 9 Program service revenue (Part VIII, line 2q) 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 10 416 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . 0 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 490.887 355,361 453,798 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 406,496 Benefits paid to or for members (Part IX, column (A), line 4) . . . 14 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . a 0 Total fundraising expenses (Part IX, column (D), line 25) > 17 10.087 8,938 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 483,885 416,199 Revenue less expenses. Subtract line 18 from line 12 27,002 -60.199 8 Beginning of Current Year End of Year Net Assets Fund Balanc 20 Total assets (Part X, line 16) 73,501

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.

Sign	Signature of officer	my		Date				
Here	WILLIAM TAYLO Type or print name and title	e, Founder & TREM		9/23/2	020			
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN			
Use Only	Firm's name ►		F	Firm's BN ►				
OSC OTHY	Firm's address ► Phone no.							
May the IRS	discuss this return with the pre	parer shown above? (see instruction	ons)		☐ Yes ☐ No			

Total liabilities (Part X, line 26) .

Signature Block

Net assets or fund balances, Subtract line 21 from line 20

133,700

0

73,501

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: Alleviating poverty in SE Asia by supporting schools, child care facilities, orphanages, job-training centers, and related organizations located in Southeast Asia.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 50,000 including grants of \$ 50,000) (Revenue \$ 0) This grant was made to Koompl, a nonprofit organization registered in Phnom Penh, Cambodia.
	With this funding, Koompi will provide a unique form of information Technology (IT) training for 12 high schools in Phnom Penh and Siern Reap. Computers will be provided and made available to students a very low costs.
4b	(Code:) (Expenses \$ 37,762 including grants of \$ 37,762) (Revenue \$ 0) This grant was made to the registered village committee in Kwan Lhar Village, Myanmar. The tractor and trailer funded by this grant will provide the village with a social enterprise preparing fields for planting, doing retional road maintenance and construction, and offering heavy load transportation for local residents. The proceeds from this enterprise will be used to fund teacher sataries and related operating costs for the village pre-school for 65 students.
4c	(Code:) (Expenses \$ 33,500 including grants of \$ 33,500) (Revenue \$ 0) These grants were made to the Cambodian Community Dream Organization, a registered charity located in Siem Reap, Cambodia.
	They will fund the development of primary school English teaching materials previously unavailable. Also will fund 150 farmers with small loans to begin their rice planting in advance of the rainy season. Payback from the farmers will be dedicated to support the breakfast feeding program at two local primary schools.
4d	Other program services (Describe on Schedule O.) (Expenses \$ 285,234 including grants of \$ 285,234) (Revenue \$ 0)
40	Total program service expenses b. 406.496

Part	Gnecklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	V	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
b	일대한 이 전에 있는데 보다 되었다면 하다 아이에 가는데 이번 보다 되었다면 하다. 그런데 그리고 있는데 이번에 보다 되었다면 보다 되었다	11b		,
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		-
e	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		-
20	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		~
12a	Schedule D, Parts XI and XII	12a		~
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		-
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a		14a	V	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	,	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	,	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		,
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	-
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		,

	CHORDE VENDO NE EN PERSONALIS ES TODO NOTO DE LA CONTRACTOR DE		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		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		V
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
ь	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		,
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		V
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		,
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		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		,
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		V
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		V
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		-
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		V
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	13.663	v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		V
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		-
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	,	
Part	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
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	-	88

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)	3559		-30
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		SHE	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			THE .
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1000		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		-
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	00	_	-
70	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	48		1
h	If "Yes," enter the name of the foreign country ▶	-940	2000	-
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	En	CIDE	1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a	_	~
		5b	-	V
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			
		6a	-	V
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		
7	gifts were not tax deductible?	6b		-
2.5	Organizations that may receive deductible contributions under section 170(c).	5.10		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1000	1.0	Mary .
	and services provided to the payor?	7a	_	~
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		V
d	If "Yes," indicate the number of Forms 8282 filed during the year	2000	1753	Att
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	9 8	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	10.03		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			55,63
а	Initiation fees and capital contributions included on Part VIII, line 12			188
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			1000
11	Section 501(c)(12) organizations. Enter:	100		
a	Gross income from members or shareholders			1032
ь	Gross income from other sources (Do not net amounts due or paid to other sources	100		
	against amounts due or received from them.)			201
12a	to the second se	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	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.	100	9000	1000
b	Enter the amount of reserves the organization is required to maintain by the states in which	1500		
	the organization is licensed to issue qualified health plans			1
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		V
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.			1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	V	V
	If "Yes," complete Form 4720, Schedule O.		100	

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	for a	"No" tions.
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	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.		9.4	
ь	Enter the number of voting members included on line 1a, above, who are independent . 1b 3			172.55
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		~
3	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		-
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	10. 11	1
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		~
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7ь		-
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
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	-	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
Ь	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	100		1951
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	-
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13	-	~
14	Did the organization have a written document retention and destruction policy?	14	-	~
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	DATE:	-
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		Á
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100		-
17	List the states with which a copy of this Form 990 is required to be filled ▶ WA			_
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	ſ (Sec	tion (501(c)
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule O)	200004	VC-021	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re William Taylor. 9715 Cherry St., Edmonds, WA 98020-2337. Telephone: 425-771-7990	cords	•	

	*	~	-	***	- 200
Form	w	м	ю.	COL	T-04.

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							- 49
Part VII	Compensation of Officers, Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	and
	Independent Contractors						

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if heither the organization	nor any relate	u org	OH III.Z		C)	ompe	MISS	led any current of	officer, director,	or trustee.
(A) Name and title	(B) Average hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the erganization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Candace Sellers	4									
President		1		1	L			0	0	0
(2) Peter Scontrino Vice President and Secretary	4			,				0	0	0
(3) William Taylor	40									
Founder and Treasurer		1		1	L			0	0	0
(4)										
(5)										
(6)										
<u>(7)</u>							-			
(8)				T	T					
(9)							T			
(10)					-		T			
(11)				-	r					
(12)				-	-					
(13)			-	1	T		-			
(14)	_	-	-	-	t					

(A) Name and title		(B) Average hours per week	box,	unles	Pos neck is pe d a d	rson	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	Estimate of c	F) ed amount other ensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest companied employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from organiza	n the ation and ganizations
(15)							- X					
(16)			-									_
(17)					-	H	_	-				
(18)			-			-						+
(19)					-	H	_	-				
(20)				-	-	-	-	-				
(21)		-	-	H	-						-	
(22)		-	-	-	-	H	-	-				
(23)		-	-	-				L				
(24)			_	-			_	L			-	
(25)			-	-	-	-	-	-			-	
	0.44.4.1		<u>_</u>	L	L	L		Ļ	0	0		
1b c	Subtotal			:				•	0	0		
d	Total (add lines 1b and 1c)							•	0	0		
2	Total number of individuals (including be reportable compensation from the organ	ut not limited nization ▶	d to th	1056	e list	ted	above	e) w	ho received mor	e than \$100,000	of	
3	Did the organization list any former											Yes No
4	employee on line 1a? If "Yes," complete For any individual listed on line 1a, is th										3	-
	organization and related organizations individual	greater th	an \$	150	,000)? /	f "Ye	s,"	complete Sche	dule J for suct	4	1
5	Did any person listed on line 1a receive for services rendered to the organization										5	-
Secti	on B. Independent Contractors	-							-			
1	Complete this table for your five his compensation from the organization. Re											
	(A) Name and business ad		77.55	33.0				ľ	(B) Description of ser		(C) Compensa	
None												
								F				
								-				
						-		1				

Part VIII Statement of Revenue

		Check if Schedule O contains	a respon	se or note to an	y line in this Pa	ert VIII		· · · · U
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts 22	1a	Federated campaigns	. 1a					
등등	ь	Membership dues						
8 E	c	Fundraising events	. 1c					
Z Z	d	Related organizations	. 1d					
등 를	e	Government grants (contributio						STATE AND
lons.	f	All other contributions, gifts, gra and similar amounts not included at		354,103				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included	in					
50		lines 1a–1f		-	054 400			
0 0	h	Total. Add lines 1a-1f		▶	354,103			
				Business Code				
Program Service Revenue	2a							
5 3	b							
5 5	c							
aram Ser Revenue	d	***************************************						
8	0		***********					
à l	f	All other program service reven				100000000000000000000000000000000000000		
	9	Total. Add lines 2a-2f		>	0			
	3	Investment income (including other similar amounts) Income from investment of tax-		>				1,258
	5	Royalties		🕨				
) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c						
	d	Net rental income or (loss) .		>				
	7a		ecurities	(i) Other			STREET,	
		sales of assets						
		other than inventory 7a						
	h	Less: cost or other basis						
Revenue		and sales expenses . 7b						表面的
20		Gain or (loss) 7c						
ř	d	Net gain or (loss)		▶			-	
ě	8a	Gross income from fundrals						
Other	Va	events (not including \$ of contributions reported on 1 1c). See Part IV, line 18	ine					
	b	Less: direct expenses	. 8b			C. S. S. S. O. S. S.		
	c	Net income or (loss) from fundr	aising eve	ents >				
	9a	Gross income from gam	ing					
		activities. See Part IV, line 19	. 9a	-				
	Ь	Less: direct expenses		-		No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street,	Service in the	S. Accordance Co.
	C	Net income or (loss) from gami	_	es ▶				
	10a	Gross sales of inventory, in returns and allowances						
	b	Less: cost of goods sold	. 10b		Y DOWN			
y 8		Net income or (loss) from sales						
60				Business Code	SPACE STATE OF THE SPACE STATE STATE OF THE SPACE STATE ST	OF THE PARTY OF TH		
000	11a				354,103			
9 3	b							
무용	C							-
Miscellaneous Revenue	d	All other revenue						1,258
		Total. Add lines 11a-11d		Þ	355,361			.,200
	12	Total revenue See instruction			355,381			

	IX Statement of Functional Expenses in 501(c)(3) and 501(c)(4) organizations must complete	ote all columns. All	other emeritations	must complete act	on (A)
55566	Check if Schedule O contains a response	or note to any line	in this Part IX	nust complete colun	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0	gerna expenses	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	406,496	406,496		
4	Benefits paid to or for members			to a publication of	
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	1			
b	Legal				
- 50			-		
c	Accounting				
d	Lobbying				
0	Professional fundralsing services. See Part IV, line 17				
1	Investment management fees	1			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	-		-	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Bank fees	594		594	
ь	PayPal fees	171		171	
c					
d	***************************************			-	
- 55	All other concess.	8,938		8,938	
e	All other expenses	416,199	And And	9,703	
25	Total functional expenses. Add lines 1 through 24e	410,188	406,496	8,703	
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)				

the State of the S		*
David V	Balance Sheet	ï
Part A	Dallance Sneer	n

_	4117	Check if Schedule O contains a response or note to any line in this Par			🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	133,700	1	72,862
-	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
99	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
	100	basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	133,700	16	72.862
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
흥		controlled entity or family member of any of these persons		22	
Ĭ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		-	
		parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
ses		Organizations that follow FASB ASC 958, check here ▶ □		20	
E I		and complete lines 27, 28, 32, and 33.	133,700		70.000
38	27	Net assets without donor restrictions	199,700	27	72,862
2	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
10.	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
4	32	Total net assets or fund balances	133,700	32	72,862
Z	33	Total liabilities and net assets/fund balances	133,700	33	72,862

_		-	

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)		7.75	5,361
2	Total expenses (must equal Part IX, column (A), line 25)			3,199
3	Revenue less expenses. Subtract line 2 from line 1	100		0,838
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		133	3,700
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments	3		0
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))		7	2,862
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		,
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

> Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization SE Asia Foundation

Department of the Treasury Internal Revenue Service

Par	tl	Reason for Public Char	ity Status (All	organizations must	complet	te this p	art.) See instruction	ns.
The o	organ	ization is not a private founda	tion because it	is: (For lines 1 through	12, chec	k only on	e box.)	
1		church, convention of church	nes, or associat	ion of churches descri	bed in se	ction 17	O(b)(1)(A)(i).	
2	□ A	school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990 d	or 990-EZ	Z).)	
3		hospital or a cooperative hos		•				
4	$\Box A$	medical research organization ospital's name, city, and state	n operated in o					ii). Enter the
5		n organization operated for ection 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	d by a governmenta	al unit described in
6	$\square A$	federal, state, or local goven	nment or govern	mental unit described	in section	n 170(b)	(1)(A)(v).	
7		n organization that normally lescribed in section 170(b)(1)			port from	a goven	nmental unit or from	the general public
8	DA	community trust described in	section 170(b)(1)(A)(vi). (Complete I	Part II.)			
9	u	n agricultural research organ r university or a non-land-gra niversity:	nt college of ag	riculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	s	on organization that normally in eceipts from activities related support from gross investment acquired by the organization a	to its exempt ful income and un	inctions—subject to co related business taxal	ertain exc ole incom	eptions, e (less se	and (2) no more than ection 511 tax) from	331/3% of its
11	_	In organization organized and						
12	0	In organization organized and of one or more publicly support	orted organization	ons described in secti	on 509(a)(1) or se	ection 509(a)(2). See	section 509(a)(3).
	-	heck the box in lines 12a thro				-		
а	L	Type I. A supporting organ the supported organization supporting organization. Y	(s) the power to	regularly appoint or e	lect a ma	jority of t	The state of the s	
b		 Type II. A supporting orga control or management of organization(s). You must 	the supporting	organization vested in	the same			
C		Type III functionally integ its supported organization						lly integrated with,
d		Type III non-functionally that is not functionally inte requirement (see instruction	grated. The orga	anization generally mu	st satisfy	a distribu	ution requirement an	
e		Check this box if the organ functionally integrated, or						II, Type III
f	En	ter the number of supported	organizations .					
g	Pr	ovide the following information	n about the sup	ported organization(s).				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	d							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) > (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 231.280 262,085 470,804 490,887 354,104 1,809,140 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . 0 The value of services or facilities furnished by a governmental unit to the organization without charge n 231,260 262,085 470,804 490.887 354,104 1,809,140 Total. Add lines 1 through 3 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) . . . 1,087,597 Public support. Subtract line 5 from line 4 743,279 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Amounts from line 4 231,260 282 085 470,804 490,887 354,104 1,809,140 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 17 38 416 1,258 1,736 Net income from unrelated business activities, whether or not the business is regularly carried on 0 n n 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 0 0 0 0 0 1.810.876 11 Total support. Add lines 7 through 10 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) 14 % 331/x9% support test-2019. If the organization did not check the box on line 13, and line 14 is 331/x9% or more, check this 331/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

46-2929184 SE Asia Foundation Organization type (check one): Filers of: Section: 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/1/1% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization SE Asia Foundation Employer identification number 48-2929184

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part i (d) (a) Type of contribution Name, address, and ZIP + 4 Total contributions No. \square 1 Person Payroll 100,000 Noncash (Complete Part II for noncash contributions.) (d) (b) (a) Type of contribution No. Name, address, and ZIP + 4 Total contributions 2 V Person Payroll 75,000 Noncash (Complete Part II for noncash contributions.) (d) (a) (b) Type of contribution Total contributions No. Name, address, and ZIP + 4 3 4 Person Payroll 65,500 Noncash (Complete Part II for noncash contributions.) (d) (a) (c) Type of contribution No. Name, address, and ZIP + 4 Total contributions 4 4 Person П Payroli 25,000 Noncash (Complete Part II for noncash contributions.) (c) (d) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. 5 Person Ø Payroll 12,117 Noncash S (Complete Part II for noncash contributions.) (c) (d) (b) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. $\overline{\mathbf{v}}$ Person 6 Payroll 8,000 Noncash (Complete Part II for noncash contributions.)

Name of organization SE Asia Foundation

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE F (Form 990)

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No. 1545-0047

Open to Public Inspection

Department of the Tressury Internal Revenue Service

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

Name of the organization SE Asia Foundation

Par	General Information Form 990, Part IV, line 1		ies Outside	the United States. Com	plete if the organization a	nswered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistance	es' eligibility				☑ Yes ☐ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitoring	ng the use of its grants and	d other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	SE Asia	0	2	Program services	Education support	354,103
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a						354,103
	Total from continuation sheets to Part I					684 600
	Totals (add lines 3s and 3b)		17. 20			354,103

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (a) Amount of (h) Description (a) Name of of noncash assistance valuation section and EIN grant cash grant cash noncash organization disbursement assistance (book, FMV, (if applicable) appraisal, other) SE Asia Education Support 50,000 Wire Transfer (1) 37.762 Wire Transfer SE Asla **Education Support** (2) SE Asla Education Support 33,500 Wire Transfer (3)SE Asla **Education Support** 31,833 Wire Transfer (4) SE Asla Education Support 26,000 Wire Transfer (5)25,500 Wire Transfer SE Asla **Education Support** (6)Wire Transfer SE Asia Education Support 23,478 (7)22,200 Wire Transfer **Education Support** (8) SE Asla 21,690 Wire Transfer SE Asia **Education Support** (9) SE Asla **Education Support** 20,000 Wire Transfer (10)18,000 Wire Transfer SE Asla **Education Support** (11) 16,170 Wire Transfer SE Asia **Education Support** (12)11,900 | Wire Transfer SE Asla **Education Support** (13)Wire Transfer SE Asia Education Support 10,020 (14)8,500 Wire Transfer Education Support SE Asla (15)SE Asia **Education Support** 7,790 Wire Transfer (16)Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 16

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(e) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncesh assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		SE Asia	Education Support	7,670	Wire Transfer			
(2)		SE Asla	Education Support	6,854	Wire Transfer			
(3)		SE Asia	Education Support	5,889	Wire Transfer			
(4)		SE Asla	Education Support	6,000	Wire Transfer			
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

(a) Type of grant or assistance	(b) Region	(a) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of nonceah assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
(16)							
17)							
(18)							nedule F (Form 990) 2

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	☑ No

Supplemental Information

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

miornation, See instructions.
Part I, Line 2: A representative from the SE Asia Foundation visits the region four times each year. During this time organizations are
vetted for potential support, and previous grant recipients are visited to review physical evidence and financial records to be certain that
all funds granted are being used for the purposes intended.
Part II, Line 1 (d): Purpose of the grant. Education Support includes teacher salaries, building construction and maintenance, school fee
university acholarships, school uniforms, educational materials and supplies, transportation to and from schools, general operating
expenses, and related support.
The SE Asia Foundation uses the cash method of accounting to record all revenues received and expenses incurred.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

> Attach to Form 990 or 990-EZ.

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization SE Asia Foundation

Form 990 Part III, Line 4e: All program services not included in Lines 4a, 4b, and 4c are provided to carefully vetted organizations that are
working in a reliable, trustworthy manner to provide education for impoverished children and life-skills training and related services for
marginalized women.
Form 990 Part VI, Section A, Line 9:
Candace Seliers. 65 Pine St. #206 Edmonds, WA 98020 USA
Peter Scontrino, 21832 SE 28th St. Sammamish, WA 98075 USA
Form 990 Part VI, Section B, Line 11b. A copy of this completed Form 990, including required schedules, will be provided to each member of
the Board of Directors for review before filling.
Form 990 Part VI, Section B, Line 11c. The SE Asia Foundation Conflict of Interest Policy has been provided to and signed by each member
of the Board of Directors. At the annual meeting each person confirms compliance with this policy.
Form 990 Part VI, Section B, Lines 15a and 15b: The SE Asia Foundation has no compensated employees. The Board of Directors has
determined that no compensation is warranted at this time.
Form 990 Part VI, Section C, Line 19: Our website clearly states that our governing documents are available upon written request. Our
Form 990 filings and related financial summaries are posted on our website.