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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☒ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

SARVODAYA USA CORPORATION

Doing business as

Number and street (or P O box if mail is not delivered to street address)

525 N ARMISTEAD ST NO 203

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

ALEXANDRIA, VA 22312

F Name and address of principal officer

JOSEPH WARBINGTON

525 N ARMISTEAD ST NO 203

ALEXANDRIA, VA 22312

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

D Employer identification number

13-3358148

E Telephone number

(608) 442-5945

G Gross receipts \$

281,832

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.SARVODAYAUSA.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1998

M State of legal domicile

WI

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

FACILITATE INDIVIDUAL AND COMMUNITY DEVELOPMENT TO MEET BASIC HUMAN NEEDS, REDUCE MATERIAL, SOCIAL, AND SPIRITUAL POVERTY, AND ENHANCE THE QUALITY OF LIFE FOR ALL

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

9

4 Number of independent voting members of the governing body (Part VI, line 1b)

9

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

1

6 Total number of volunteers (estimate if necessary)

11

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

266,174

9 Program service revenue (Part VIII, line 2g)

0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

0

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

109

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

281,832

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

267,698

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

2,597

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

16,020

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

286,315

19 Revenue less expenses Subtract line 18 from line 12

-4,483

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

50,943

21 Total liabilities (Part X, line 26)

0

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

50,943

Part II

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

Sign Here

Signature of officer

2019-11-12

Date

KRISHNA DESAR, TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00187180

Firm's name ▶ WEGNER CPAS LLP

Firm's EIN ▶ 39-0974031

Firm's address ▶ 2921 LANDMARK PL STE 300

Phone no (608) 274-4020

MADISON, WI 537134236

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)