CLIFTONLARSONALLEN LLP 1301 WEST 22ND STREET, SUITE 1100 OAK BROOK, IL 60523

### SWAYAM KRISHI SANGAM FOUNDATION 775 LONGBOAT CLUB ROAD, 806 LONGBOAT KEY, FL 34228

hillidululduldluluulll

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



CliftonLarsonAllen LLP CLAconnect.com

Swayam Krishi Sangam Foundation 775 Longboat Club Road 806 Longboat Key, FL 34228

Dear Vikram:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

### FORM 990-EZ RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by November 15, 2022 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

### A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP



CliftonLarsonAllen LLP CLAconnect.com

# SWAYAM KRISHI SANGAM FOUNDATION

# FORM 990-EZ INCOME TAX RETURN

# FOR YEAR ENDED DECEMBER 31, 2021

| Form 8879-TE   | IRS  |  | OMB No. 1545-0047   |   |  |
|--|--|--|---|---|--|
|  |  | ear beginning, 2021, a   | -   | 20  | 0004   |
|  |  | Do not send to the IRS. Keep for   |   |   | 2021   |
| Department of the Treasury<br>Internal Revenue Service   |  | www.irs.gov/Form8879TE for the   | •   |   |  |
| Name of filer  |  |  |   | EIN or SSN  |  |
| SWAYAM   | KRISHI SANGAM  | FOUNDATION   |   | 36-4349   | 951  |
| Name and title of officer or pe  |  | RAM AKULA  |   |   |  |
|  | EXEC   | CUTIVE DIRECTOR  |   |   |  |
| Part I Type of   | Return and Return In   | formation  |   |   |  |
| Form 5330 filers may enter<br>or <b>10a</b> below, and the amore<br>whichever is applicable, bit<br>than one line in Part I. | r dollars and cents. For all c<br>ount on that line for the retu<br>ank (do not enter -0-). But, i                           | his Form 8879-TE and enter the ap<br>ther forms, enter whole dollars only<br>rn being filed with this form was bla<br>f you entered -0- on the return, ther  | If you check the box on lir<br>ank, then leave line <b>1b, 2b,</b><br>a enter -0- on the applicable | ne 1a, 2a, 3a, 4<br>3b, 4b, 5b, 6b,<br>line below. Do   | ła, 5a, 6a, 7a, 8a, 9a<br>7b, 8b, 9b, or 10b,<br>not complete more |
| 1a Form 990 check h  |  | <b>tal revenue,</b> if any (Form 990, Part   |   | 1b  |  |
| 2a Form 990-EZ che   |  | <b>tal revenue,</b> if any (Form 990-EZ, li  |   |   | 140,499.   |
| 3a Form 1120-POL   |  | tal tax (Form 1120-POL, line 22)   |   |   |  |
| 4a Form 990-PF che   | ck here 🕨 📃 🛛 b Ta   | x based on investment income (F  | orm 990-PF, Part V, line 5)   | 4b  |  |
| 5a Form 8868 check   |  | lance due (Form 8868, line 3c)   |   |   |  |
| 6a Form 990-T check  |  | tal tax (Form 990-T, Part III, line 4)   |   | 6b  |  |
| 7a Form 4720 check   |  | tal tax (Form 4720, Part III, line 1).   |   |   |  |
| 8a Form 5227 check   |  | IV of assets at end of tax year (Fo  | orm 5227, Item D)   | 8b  |  |
| 9a Form 5330 check   |  | <b>x due</b> (Form 5330, Part II, line 19)   |   |   |  |
| 10a Form 8038-CP ch  | eck here b An  | nount of credit payment requeste   | d (Form 8038-CP, Part III, li   | ne 22) 10b  |  |
|  | •  | thorization of Officer or Period officer of the above entity or  |   |   |  |
| later than 2 business days<br>payment of taxes to receiv<br>personal identification num<br>PIN: check one box only           | prior to the payment (settle<br>e confidential information n<br>ber (PIN) as my signature f                                  | To revoke a payment, I must conta<br>ment) date. I also authorize the fina<br>ecessary to answer inquiries and re<br>or the electronic return and, if appli  | ancial institutions involved in<br>esolve issues related to the<br>icable, the consent to electr    | n the processing<br>payment. I have<br>onic funds witho | g of the electronic<br>e selected a<br>drawal.                     |
| X I authorize CL   | IFTONLARSONALI   |  | to  | enter my PIN  |  |
|  |  | ERO firm name  |   | Er<br>d   | nter five numbers, but<br>o not enter all zeros                    |
| with a state age<br>on the return's c<br>As an officer or<br>return. If I have i   | ncy(ies) regulating charities<br>lisclosure consent screen.<br>person subject to tax with r<br>ndicated within this return t | onically filed return. If I have indicat<br>as part of the IRS Fed/State progra<br>espect to the entity, I will enter my<br>hat a copy of the return is being file<br>on the return's disclosure consent s | am, I also authorize the afore<br>PIN as my signature on the<br>ed with a state agency(ies) re      | ementioned ERC<br>tax year 2021 e                       | D to enter my PIN<br>lectronically filed                           |
| Signature of officer or person subject   |  |  |   | Date 🕨  |  |
| Part III Certifica   | tion and Authenticat   | ion  |   |   |  |
| ERO's EFIN/PIN. Enter yo   | our six-digit electronic filing  | dentification  |   |   |  |
| number (EFIN) followed by  | your five-digit self-selected  | PIN.   | 15480445663<br>Do not enter all zeros   |   |  |
|  |  | is my signature on the 2021 electronents of <b>Pub. 4163,</b> Modernized e-  |   |   |  |
| ERO's signature 🕨 <u>DAN</u>   | IEL STANLEY  |  | Date ▶ <u>11/</u>   | 14/22   |  |
|  |  | lust Retain This Form - Se<br>This Form to the IRS Unles   |   | <br>60  |  |
| LHA For Privacy act and  |  | t Notice, see instructions.  |   |   | rm 8879-TE (2021)  |
| 102521 01-11-22  |  |  |   |   |  |

(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

| ► | File a | separate application for each return. |  |
|---|--------|---------------------------------------|--|
|   |        |                                       |  |

Go to www.irs.gov/Form8868 for the latest information.

**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 *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or   | Name of exempt organization or other filer, see instru  |   | Taxpayer identification number   |                          |                                  |                  |  |
|---|---|---|--|--------------------------|----------------------------------|------------------|--|
| print   | SWAYAM KRISHI SANGAM FOUNDA   | ATTON   |  |                          | 36-434                           | 9951             |  |
| SWAYAM KRISHI SANGAM FOUNDATION       36-4349951         File by the due date for filing your return. See       Number, street, and room or suite no. If a P.O. box, see instructions.         775 LONGBOAT CLUB ROAD, 806                      |   |   |  |                          |                                  |                  |  |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions.         LONGBOAT KEY, FL 34228         Enter the Return Code for the return that this application is for (file a separate application for each return) |   |   |  |                          |                                  |                  |  |
| Enter the   | Return Code for the return that this application is for (fil  | e a separat   | e application for each return)   |                          |                                  |                  |  |
| Applicat  | ion   | Return  | Application  |                          |                                  | Return           |  |
| ls For  |   | Code  | Is For   |                          |                                  | Code             |  |
| Form 990  | ) or Form 990-EZ  | 01  | Form 1041-A  |                          |                                  | 08               |  |
| Form 472  | 20 (individual)   | 03  | Form 4720 (other than individual)  |                          |                                  | 09               |  |
| Form 990  | )-PF  | 04  | Form 5227  |                          |                                  | 10               |  |
| Form 990  | 0-T (sec. 401(a) or 408(a) trust)   | 05  | Form 6069  |                          |                                  | 11               |  |
| Form 990  | 0-T (trust other than above)  | 06  | Form 8870  |                          |                                  | 12               |  |
| Form 990  | D-T (corporation)   | 07  | ONGBOAT CLUB ROAD  |                          |                                  | _                |  |
| <ul> <li>If the is</li> <li>If this</li> <li>box</li> <li>1 I reaction</li> <li>the</li> <li>2 If the</li> </ul>  | none No. ► 201-314-2464<br>organization does not have an office or place of business<br>is for a Group Return, enter the organization's four digit<br>. If it is for part of the group, check this box ►<br>equest an automatic 6-month extension of time until<br>organization named above. The extension is for the org<br>X calendar year 2021 or<br>tax year beginning<br>tax year entered in line 1 is for less than 12 months, c<br>Change in accounting period | Group Exe<br>and atta<br>NOVEN<br>anization's<br>, an<br>heck rease | mption Number (GEN), I<br>ch a list with the names and TINs of<br>IBER 15, 2022 , to file<br>return for:<br>d ending<br>on: Initial return | f this is fo<br>all memb | r the whole gr<br>ers the extens | ion is for.      |  |
|   | nis application is for Forms 990-PF, 990-T, 4720, or 6069<br>/ nonrefundable credits. See instructions.   | ), enter the  | tentative tax, less  | 3a                       | \$                               | 0.               |  |
| <b>b</b> If t   | nis application is for Forms 990-PF, 990-T, 4720, or 6069   | ), enter any  | refundable credits and   |                          |                                  | •                |  |
| est   | imated tax payments made. Include any prior year overp  | ayment all  | owed as a credit.  | 3b                       | \$                               | 0.               |  |
| c Ba  | lance due. Subtract line 3b from line 3a. Include your pa   | ayment with   | n this form, if required, by   |                          |                                  | •                |  |
| usi   | ng EFTPS (Electronic Federal Tax Payment System). See   | e instructio  | ns.  | 3c                       | \$                               | 0.               |  |
| Caution:<br>instruction   | If you are going to make an electronic funds withdrawal<br>ns.  | (direct deb   | bit) with this Form 8868, see Form 84  | 153-TE and               | d Form 8879-1                    | E for payment    |  |
| LHA F   | or Privacy Act and Paperwork Reduction Act Notice.  | see instru  | ctions.  |                          | Form 88                          | 68 (Rev. 1-2022) |  |

123841 01-12-22

| Form       990-EZ       Return of Organization Exempt From Income Tax<br>Under section 501(c), 527, or 4947(c)(1) of the Internal Revenue Code (except private foundations)<br>> Do not enter social security numbers on this form, as it may be made public.<br>> Go to www.irs.gov/Form990EZ for instructions and the latest information.       2021         Deast test of 10 Test<br>prime Revenue Scale and the task information.       > Do not enter social security numbers on this form, as it may be made public.<br>> Go to www.irs.gov/Form990EZ for instructions and the latest information.       Deast by builting<br>and ending         Test of 201 calledear year, or tax year beginning<br>with the and security and the form social security number is an ending       Deast by builting<br>and ending       Social 4249951         Wark AM KRISHI SANGAM FOUNDATION       36 - 43249951       Social - 2464       Social - 2464         Access of Cont.<br>United security and Profine Control, and Profine forming to the set address)       Poroug-board<br>Bood E 2013-1314-2464       Social - 2464         Access of Cont.<br>United security and Profine Control, and Profine forming to the set address)       Bood E 2013-1314-2464       Social - 2464         Access of Cont.<br>United security and Profine Control, and Profine forming to the set address of the security and Profine Control, and Profine Con  |  |             |                  | EXTENDED TO NOVEM<br>Short Fo  | BER 1                                 | 5,     | 2022                                  |            |             | OMB No. 1545-0047      |
|---|--|-------------|------------------|--|---------------------------------------|--------|---------------------------------------|------------|-------------|------------------------|
| Under section 501(c), SZ, or 4947(a)(1) of the Internal Revenue Code (except private foundation)         20221           Dependence interval         Colspan="2">Dependence interval         Dependence interval         Dependence interval         Dependence interval         Section 10 and 10 a   | Forn   | <b>.9</b> ( | 90-EZ            |  |                                       | =ra    | om Incom                              | e Ta       | эх          |                        |
| Do not enter social security numbers on this form, as it may be made public.<br>Lo to www.irs.gov/Form990EZ for instructions and the latest information.          Open to Public<br>Inspection           A For the 2021 calendar year, or tax year beginning         and ending              Employer identification number<br>SwaAvAM KRISHI SANGAM FOUNDATION<br>SwaAvAM KRISHI SANGAM FOUNDATION<br>Wearback              Secondary<br>SwaAvAM KRISHI SANGAM FOUNDATION<br>SwaAvAM KRISHI SANGAM FOUNDATION<br>SwaAvAM KRISHI SANGAM FOUNDATION<br>Member and street (or PL box if mail is and dileved to street address)<br>Roomisute<br>Character (or DL box if mail is and dileved to street address)<br>Roomisute<br>LongBOAT KEV, FL 34228<br>LONGBOAT KEV, FL 34228<br>LONGBOAT KEV, FL 34228<br>LongBOAT CLUB ROAD<br>LongBOAT KEV, FL 340208<br>LongBOAT KEV, FL 340208<br>Lacket (block divine) StSSPOUNDATION, ORG<br>Lacket (block divine) St  |  |             |                  | •  | -                                     |        |                                       |            |             | 2021                   |
| Present of the Treasury<br>Interest Reserve Servers         ▲ Go to www.irs.gov/Form990E2 for instructions and the latest information.         Upen to Public<br>Inspection           A for the 221 calendar year, or tax year beginning         and ending         Bernloyer identification number           A for the 221 calendar year, or tax year beginning         and ending         Bernloyer identification number           Address caling         SWAYAM KRISHI SANGAM FOUNDATION         36 - 43499511           Number and struct (of P.0. bot It mails in od delivered to street address)         Room/suite         E Telephone number           775 LONGBOAT KEY, FL 34228         Room/suite         F Telephone number           705 Conground         Conground Other         H Check > If the organization is<br>not required to attain Schedule B           9 Accessengt states (check only one) - (X) 501(c)(X)         S01(c)(X)         S01(c)(X)         S01(c)(X)           9 Intercempt states (check only one) - (X) 501(c)(X)         S01(c)(X)         S01(c)(X)         S01(c)(X)           9 Address calins         S         140, 499.         S           9 Addrescalins         S         140, 499. </td <td colspan="10">Do not enter social security numbers on this form, as it may be made public.</td>   | Do not enter social security numbers on this form, as it may be made public. |             |                  |  |                                       |        |                                       |            |             |                        |
| A For the 2021 calendary sar, or tax year beginning       and ending         Comparison       D Employer identification number         Anderson charge       SWAYAM KRISHI SANGAM FOUNDATION       Boom/suite         Important       SWAYAM KRISHI SANGAM FOUNDATION       Boom/suite         Important       To for them alls in of delivered to street address)       Boom/suite       E Telephone number         201-314-2464       Form of them, state of province, country, and 2P or forsign postal code       F Group Campbion       Number         Asstream data       Charge throm, state of province, country, and 2P or forsign postal code       F Group Campbion       Number         Network       States and the Comp Campbion       Number       Number       States and the Comp Campbion       Number         A dimes to for ganization       States and the Comp Campbion       Number       States and the Comp Campbion       Number         A dimes to for ganization       Inter countries       States and the Comp Campbion       Number       States and the Comp Campbion       Number         Control reganization       Inter countries       States and the Comp Campbion       Number       States and the Comp Campbion       Number         A dimes to determine gross receipts.       If construction       Inter countries       States and the Comp Campbion       States and the Comp Campbion  | Depa   | rtment      | of the Treasury  |  |                                       |        |                                       |            |             | •                      |
| B       Centre damped       C Name of organization       D Employer identification number         Name charge       SWAYAM KRISHI SANGAM FOUNDATION       36-4349951         Number and stream       SWAYAM KRISHI SANGAM FOUNDATION       80-64349951         Prevendentiation       City of town, state or province, country, and ZiP of foreign postal code       E Telephone number         Anternation and stream       City of town, state or province, country, and ZiP of foreign postal code       F Group Exemption         Accounting Method:       Clash       Account on the City (2)       H Cheek >       If the organization is not required to attach Schedule B (Form 990).         I Tax-exempt state (check on yon point, Twist       Coponation in one, the Form 990 instead of Form 990-FZ       F Group Exemption       > 140, 499.         L Add lines 5b, 6c, and 7b to line 95 of determine gross receipts. If organ scheduls are group associations for Part I)       S 140, 499.       S 140, 499.         Center (H) and S500,000 or more, the Form 990 instead of Form 990-FZ       S 140, 499.       S 140, 499.         Very and the organization is a detars other than inventory       S a       S a       S a         I Contributions, grist, grants, and similar amounts received       1       116, 083.       2         Program service revenue sclapped to to segont to any out organization:       S a       S a       S a       S a  | Interr   | nal Reve    | enue Service     | Go to www.irs.gov/Form990EZ for instru-  | uctions ar                            | nd th  | he latest informat                    | ion.       |             | Inspection             |
| extension:       0 Employer Internation Infinite         Number and street (or PL. Dok (mail is not delivered to street address.)       36 - 4349951         Participation:       775 LONGBOAT CLUB ROAD       806         Revendentiation:       100 of torm, state or province, country, and ZIP or foreign postal code       F Group Exemption         Revendentiation:       Club or torm, state or province, country, and ZIP or foreign postal code       F Group Exemption         Revendentiation:       Club or torm, state or province, country, and ZIP or foreign postal code       F Group Exemption         Number and strength       Club or torm, state or province, country, and ZIP or foreign postal code       F Group Exemption         Number and strength       Club or province, country, and ZIP or foreign postal code       F Group Exemption         Number and strength       Club or province, country, and ZIP or foreign postal code       F Group Exemption         Versite:       Club or province, country, and ZIP or foreign postal code       F Group Exemption         Addition Stop, Club or province, country, and ZIP or foreign good column or more, or if total assets (Part II, column (B) are \$500,000 or more, file Grom 900 rescepts are \$200,000 or more, file Grom 900 rescepts are \$200,000 or more, or if total assets (Part II, column (B) are \$500,000 or more, file Grom 900 rescepts are \$200,000 or more, or if total assets (Part II, column (B) are \$500,000 or more, file Grom 900 rescepts are \$200,000 or more, file Grom 900 rescepts are \$200,000 or more, file Grom 900 rescepts are \$2   |  |             |                  |  |                                       |        | and ending                            |            |             |                        |
| Image charge       SWAYAM KRISHI SANCAM FOUNDATION       36-4349951         Image charge       Romewater term       80.6       201-314-2464         Prevendentering       City of twom, state or province, country, and 21 <sup>re</sup> of ordign postal code       Forcup Exemption         Particles and evendentering       City of twom, state or province, country, and 21 <sup>re</sup> of ordign postal code       Forcup Exemption         Number of twom, state or province, country, and 21 <sup>re</sup> of ordign postal code       Forcup Exemption       Number >         I website:       > WWW.SKSFOUNDATION.ORG       Ht Check >>       Ht due organization         I accessing status (check only one)       _       Association       Other         Column (B) are \$500,000 or more, (lie form 990) cisad of Form 990-27       >       140,499.         Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check If the organization used Schedule 0 to respond to any question in this Part 1       X         1       Contributions, grift, grants, and similar amounts received       116,083.         2       Program service revenue including overmmet fees and contracts       3         3       Membership dues and assessments       5b         4       Investorent floor as and sates scheres       5b         5       Garing and fundraising events: (and lines 5b   | B  | pplicab     | ole: C Na        | ame of organization  |                                       |        |                                       | DEm        | nployer ide | entification number    |
| Impair rearry       Number and street (or P.0. box if mails on to delivered to street address)       Poorn/suite       E Telephone number         201-314-2464       201-314-2464         Answedender of the construction of the c  |  | Addre       | -                |  |                                       |        |                                       |            |             | 40051                  |
| T75 LONGBOAT CLUB ROAD       806       201-314-2464         Prevenued refun       Clip or form, state or province, country, and ZIP or foreign postal code       F Group Exemption         Implementation is an origination of the control of the cont  |  | _ Name      |                  |  |                                       |        | De erre /eucite                       |            |             |                        |
| Anendecretaria       F       Group Exemption         Anendecretaria       LONGBOAT KEY, FL 34228       Number         Accuration betted:       Scale       F Group Exemption         Number       H Check > if the organization is not required to attach Schedule B         I website:       >WWM.SKSFOUNDATION.ORG       H Check > if the organization is not required to attach Schedule B         I accessing Method:       X Corporation       Trast       Association       Other         L Add lines 5b, 6c, and 7 to line 9 to determine gross receipts are \$200,000 or more, or if total assets (art II, column (B) are \$50,0000 or more, file form 90) in this Part I       S 140,499.         Part I       Revenue, Expenses, and Changes in Net Assects or Fund Balances (see the instructions for Part I)       X         Chributons, gifts, grans, and smita amounts received       1       116,083.         2       Program service revenue including government tees and contracts       3         3       Generating and fundrasing events       SEE         4       investment income       SE         5       Gain or (loss) from sale of assets other than inventory (subtract line 5a)       5         6       Gain or (loss) from sale of assets other than inventory (subtract line 5a)       5         6       Gain or (loss) from sale of assets other than inventory (subtract line 5a)       5     <   |  | Final       |                  |  | (55)                                  |        |                                       |            | •           |                        |
| Interview         Interview         Status         Number         Number           6         Accounting Method:         X Cash         Accrual         Other (specify)         H         H         Check IP         if the organization is not required totach Schedule B           1         Website:         VWWW         SSEPOUNDATION. ORG         H         Check IP         if the organization is not required totach Schedule B         (Form 990).           2         Add lines So, can 77 to thing to determing ops receipts are sc200.000 or more, or if total assets (Part II, column (B)) are \$500.000 or more, file Form 990 instead of Form 990.EZ         \$         1 40 , 499 .           Part I         Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         X           1         Contributions, gifts, grans, and similar amounts received         1         1 116 , 0 83.2           2         Program service revenue including opwrimment fees and contracts         3         3           3         Membership dues and assets other than inventory (subtract line 5b form line 5a)         5c         5c           6         Gaming and fundraising events         5d         5c         5c           6         Gaming and fundraising events (subtract line 5b from line 5a)         5c         5c           6         Gaming and fundraising events (subtract line   |  | -           | City             |  | 1e                                    |        | 000                                   | -          |             |                        |
| 6       Accounting Method:       If Cash       Accounting Method:       If the organization is not required to attach Schedule B         1       Website:       > WWW.S.SKSPOUNDATION.ORG       If check ▶ if the organization is not required to attach Schedule B         1       I acxempt tabus (check nony one) - Z is 001(c)(1) ≤ 01(c)(1) ≤ (insert no.)       4947(a)(1) or is 27       Form 990.         K       Form of organization:       I Corporation       Trust       Association       Other         L       Add lines 50, 6c, and 7 to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) instad of form 990-IZ       S       140,499.         Part I       Revenue, Expenses, and Changes in Net Assects or Fund Balances (see the instructions for Part I)       I       Contributions, gifts, grants, and similar amounts received       1       116,083.         2       Program service revenue including government fees and contracts       2       3       3         3       Membership dues and assessments       5       5       5         4       Investment income       SEE_SCHEDULE_O       4       24,416.         5a       Gos amount free assets other than inventory (subtract line 50 from line 5a)       5c       6         6       Gaming and fundraising events:       al contributions       al contributions       from fundraising eve   |  | 7           |                  |  |                                       |        |                                       |            |             | ption                  |
| I Website: ▶ WWW. SKSFOUNDATION.ORG       net required to attach Schedule B         J Tax-exemptistus (check only one) — X 501(c13) 501(c) → (insert no.) 4947(a)(1) or 527       form 990).         K Form of organization: X (corporation Trust Association Other       140,499.         L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts at \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990.       \$ 140,499.         Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)       X         Check if the organization used Schedule 0 to respond to any question in this Part I       X         I Contributions, gitts, grants, and similar amounts received       1       116,083.         2 Program service revenue including government fees and contracts       3       3         3 Membership dues and assesments       3       4         4 Investment income       SEE SCHEDULLE O       4 24, 416.         5a       Goss amount from sale of asset other than inventory (subtract line 5b from line 5a)       5c         a Gross income from graning attach Schedule G if greater than \$51,000       6a       6c         b Cross income from from graning and fundrasing events       6c       7a         a Gross also of inventory, (subtract line 7b from line 7a)       7c       7a         b Less: cost of goods sold       7a       7c<  | 6 /  |             |                  |  |                                       |        |                                       |            |             | if the organization is |
| J       Tax-exempt status (check only one) - ▲ 501(c)(3) 501(c) ( ▲ (insert no.)       4947(a)(1) or       527       (Form 990).         K       Form of organization: ▲ Corporation → Trust       Association → Other       Other       0         L       Add lines 50, cand 7b to line 90 determine pross receipts. If pross receipts at \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-FZ       \$140,499.         Part.       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)       X         I       Contributions, gifts, grants, and similar amounts received       1       116,083.         2       Program service reveue including government fees and contracts       2       3         3       Membership dues and sessesments       3         4       Investment income       SEE.       SCHEDULE.O.       4       24,416.         5a       Goss anount from sale of assets other than inventory (subtract line 5b from line 5a)       5c       6a         6       Garing and fundraising events:       a foros sincome from graming datta Schedule G if greater than       5t         § 16.0000       6a       6a       6a       6a       6a         7a       b foros income from graming and fundraising events       6a       6a       7a         7a  |  |             |                  |  |                                       |        |                                       |            |             | -                      |
| K       Form of organization:       X       Corporation       Trust       Association       Other         L       Add lines 5b, 6c, and 7b to line 9 to determine gross receipts ar \$200,000 or more, or if total assets (Part II, column (B) are \$500,000 or more, life Form 390-EZ       > \$ 140,499.         Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances       (see the instructions for Part I)       X         Check if the organization used Schedule 0 to respond to any question in this Part I       X       X         1       Controllutions, offs, grants, and similar amounts received       1       116,083.         2       Program service revenue including government fees and contracts       2       3         3       Membership dues and assessments       3       3         4       Investment income       SER. SCHEDULLE. O       4       24,416.         5a       Gross income from sale of assets other than inventory (subtract line 5b from line 5a)       5c       5c         6       Gaming and fundraising events:       6a       5c       5c         a Gross income from fundraising events (not including \$       or contributions       6b       6c         7       Gross income from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       7a         9       140,499.       10 <td></td> <td></td> <td></td> <td></td> <td>rt no.)</td> <td>494</td> <td>47(a)(1) or 52</td> <td></td> <td></td> <td></td>   |  |             |                  |  | rt no.)                               | 494    | 47(a)(1) or 52                        |            |             |                        |
| L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,<br>column (B) are \$500,000 or more, file Form 990 instead of Form 990-EZ.<br>Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)<br>Check If the organization used Schedule 0 to respond to any question in this Part I<br>1 Contributions, gifts, grants, and similar amounts received<br>1 Contributions, gifts, grants, and similar amounts received<br>1 Contributions, gifts, grants, and similar amounts received<br>2 Program service revenue including overmment fees and contracts<br>3 Membership dues and assessments.<br>4 Investment income<br>5 Gaross amount from sale of assets other than inventory<br>b Less; cost or other basis and sales expenses<br>C Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)<br>6 Garinor (loss) from sale of assets other than inventory (subtract line 5b from line 5a)<br>6 Garinor from fundraising events;<br>a Gross income from qaming (attach Schedule G if greater than<br>\$15,000]<br>b Cross income from fundraising events (not including \$<br>from fundraising events reported on line 1) (attach Schedule G if the sum of such<br>gross income and contributions exceeds \$15,000]<br>c Less; cost of groots from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)<br>7 a Gross sales of inventory, less returns and allowances<br>4 Untervenue. (describe in Schedule 0)<br>5 B to ers: cost of groots old<br>7 a Gross sales of inventory (subtract line 7b from line 7a)<br>8 Other revenue (describe in Schedule 0)<br>1 1 Benefits paid to or for members<br>1 2 Calarise, other compensation, and employee benefits<br>1 2 Calarise, other compensation, and employee benefits<br>1 3 4223, 5899.<br>1 4 0 Cupancy, rent, utilities, and maintenance<br>1 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   |  |             |                  |  |                                       |        |                                       | <b>I</b> ( |             |                        |
| Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule 0 to respond to any guestion in this Part I       IX         1       Contributions, gifts, grants, and similar amounts received       1       116,083.         2       Program service revenue including government fees and contracts       2         3       Membership dues and assessments       3         4       Investment income       SEE         56       Gross amount from sale of assets other than inventory       5a         5       Gross income from sale of assets other than inventory (subtract line 5b from line 5a)       5c         6       Gaming and fundraising events:       6a       5c         a       Gross income from fundraising events (add lines 5b from line 5a)       5c         6       Gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         9       Gross sincome from fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sole of inventory, less returns and allowances       7a       7b         7       Gross sole of inventory (subtract line 7b from line 7a)       8       9       1400,4999.         9       Total revenue (describe in Schedule 0)       8   |  |             | •                |  | 0,000 or mo                           | re, c  | or if total assets (Parl              | 11,        |             |                        |
| Check if the organization used Schedule 0 to respond to any question in this Part 1         I       Contributions, gifts, grants, and similar amounts received         2       Program service revenue including government fees and contracts         3       Membership dues and assessments       2         4       investment income       SEE         5       Gain or (loss) from sale of assets other than inventory       5a         6       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c         6       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c         6       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c         6       Gain or (loss) from gaming (attach Schedule G if greater than \$15,000)       6a       5c         9       Gross income from fundraising events (not including \$       of contributions from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7       Gross sales of inventory, less returns and allowances       7a       7b       7c         8       Other revenue (describe in Schedule 0)       8       9       140, 499.9         10       Grants and similar amounts paid (list in Schedule 0)       SEE       SCHEDULE O       10       3,   |  | olumr       |                  |  |                                       |        | · · · · · · · · · · · · · · · · · · · |            |             |                        |
| I       Contributions, gifts, grants, and similar amounts received       1       116,083.         Program service revenue including government fees and contracts       2         3       Membership dues and assessments       3         4       investment income       SEE         5a       Gross amount from sale of assets other than inventory       5a         5b       5c       5c         6       Garning and fundraising events:       5c         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a       5c         b       Scs income from fundraising events (not including \$ of contributions from fundraising events (not including \$  | Pa   | art I       | Revenue          | e, Expenses, and Changes in Net Assets or I  | Fund Ba                               | lan    | ices (see the inst                    | ruction    | s for Part  | )                      |
| 2       Program service revenue including government fees and contracts       2         3       Membership dues and assessments       3         4       Investment income       SEE         5a       Sos amount from sale of assets other than inventory       5a         5b       5b       5c         6       Garing on thom sale of assets other than inventory (subtract line 5b from line 5a)       5c         6       Garing and fundraising events:       5b         a       Gross income from fundraising events (not including \$   |  |             | Check if the     | organization used Schedule O to respond to any question in this  | Part I                                |        |                                       |            |             |                        |
| 3       Membership dues and assessments       3         4       Investment income       SEE_SCHEDULE_O         5a       Gross amount from sale of assets other than inventory       5a         b       Less: cost or other basis and sales expenses       5b         c       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c         6       Gaming and fundraising events:       6a         a       Gross income from quaming (attach Schedule G if greater than gross income and contributions trom fundraising events (not including \$ of contributions trom fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6a         b       Less: ciffect expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7e         8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       140, 499.9         10       Grants and similar amounts paid (list in Schedule 0)       11       12         11       Salaries, other compensation, and employee benefits       12       13         12       Salaries, other oxpenses (describe in Schedule 0)       SEE  |  | 1           |                  |  |                                       |        |                                       |            |             | 116,083.               |
| 4       Investment income       SEE       SCHEDULE       4       24,416.         5a       Gross amount from sale of assets other than inventory       5a       5a       5b       5c         6       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c       5c         6       Gaming and fundraising events:       a       a       a       for contributions         7       Gross income from gaming (attach Schedule 6 if greater than \$15,000)       6a       of contributions       for contributions         6       Gross income from fundraising events (not including \$ of contributions       for contributions       for contributions         6       Gross sincome from gaming and fundraising events       6b       6c       6d         7       Gross sales of inventory, less returns and allowances       7a       7a       6c         7       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       7c         8       Other revenue (describe in Schedule 0)       8       9       140,499.         10       Grants and similar amounts paid (list in Schedule 0)       SEE       SCHEDULE       10       3,149.         12       Salaries, other compensation, and employee benefits       11       12       12   |  |             |                  |  |                                       |        |                                       |            |             |                        |
| Sa       Gross amount from sale of assets other than inventory       5a       5b         b       Less: cost or other basis and sales expenses       5b       5c         c       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a       6a         b       Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b         c       Less: direct expenses from gaming and fundraising events       6c         d       Net income or (loss) from sales of inventory, (subtract line 7b from line 7a)       6d         7       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7c         0       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       140, 499.         10       Grants and similar amounts paid (list in Schedule 0)       SEE       SCHEDULE O       10       3, 149.         11       Salaries, other compensation, and employee benefits       12       12       12       13       423, 589.   |  |             | Membership di    | ues and assessments  | 0 D D                                 |        |                                       |            |             | 24 416                 |
| b       Less: cost or other basis and sales expenses       5b         c       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c         6       Gaming and fundraising events:       6a         a       Gross income from gaming (attach Schedule G if greater than<br>\$15,000)       6a         b       Gross income from fundraising events (not including \$ of contributions<br>from fundraising events reported on line 1) (attach Schedule G if the sum of such<br>gross income and contributions exceeds \$15,000)       6b         c       Less: direct expenses from gaming and fundraising events       6c         d       Net income or (loss) from sales of inventory (subtract line 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       8         0       Hor revenue (describe in Schedule 0)       SEE         11       Grants and similar amounts paid (list in Schedule 0)       12         12       Salaries, other compensation, and employee benefits       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>HEDOLE O</td> <td></td> <td>4</td> <td>24,410.</td>  |  |             |                  |  |                                       |        | HEDOLE O                              |            | 4           | 24,410.                |
| c       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c         6       Garning and fundraising events:       a Gross income from gaming (attach Schedule G if greater than \$15,000)       6a         b       Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b       6c         c       Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7b         c       Gross there evenue. (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9         10       Grants and similar amounts paid (list in Schedule 0)       SEE       SCHEDULE O         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       4223, 589.       13       4223, 589.         14       Occupancy, rent, utilities, and maintenance       14       15         15       I6       30, 4322.       16       30, 4322.         16       <   |  |             |                  |  |                                       |        |                                       |            | -           |                        |
| 6       Gaming and fundraising events:         a       Gross income from gaming (attach Schedule G if greater than<br>\$15,000)       6a         b       Gross income from fundraising events (not including \$ of contributions<br>from fundraising events reported on line 1) (attach Schedule G if the sum of such<br>gross income and contributions exceeds \$15,000)       6b         c       Less: direct expenses from gaming and fundraising events       6c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a   |  |             |                  |  |                                       | D      |                                       |            | 50          |                        |
| a       Gross income from gaming (attach Schedule G if greater than<br>\$15,000)       6a   |  |             |                  |  | ie Ja)                                |        |                                       |            | 50          |                        |
| Sts,000       6a         b       Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b         c       Less: direct expenses from gaming and fundraising events       6c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       5c       6d         7a       7a       7a         b       Less: cost of goods sold       7a         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       140 , 499 .       9         10       Grants and similar amounts paid (list in Schedule 0)       SEE       SCHEDULE O       10       3 , 149 .         11       12       Salaries, other compensation, and employee benefits       12       13       423 , 589 .         13       423 , 589 .       11       11       12         15       16       16       30 , 432 .       17       457 , 170 .         16       Other expenses (describe in Schedule 0)       SEE       SCHEDULE O       18       -316 , 671 . </td <td></td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |  | -           | -                | -  |                                       |        |                                       |            |             |                        |
| from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)         c       Less: direct expenses from gaming and fundraising events       6c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7c         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9         10       Grants and similar amounts paid (list in Schedule 0)       SEE       SCHEDULE O         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       423, 589.         14       Occupancy, rent, utilities, and maintenance       14       15         15       Total expenses. Add lines 10 through 16       17       457, 170.         16       Other expenses. Add lines 10 through 16       17       457, 170.         18   | nue  | <b>–</b>    |                  |  | 6                                     | a      |                                       |            |             |                        |
| from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)         c       Less: direct expenses from gaming and fundraising events       6c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7c         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9         10       Grants and similar amounts paid (list in Schedule 0)       SEE       SCHEDULE O         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       423, 589.         14       Occupancy, rent, utilities, and maintenance       14       15         15       Total expenses. Add lines 10 through 16       17       457, 170.         16       Other expenses. Add lines 10 through 16       17       457, 170.         18   | eve  | Ь           |                  |  |                                       | cont   | tributions                            |            |             |                        |
| c       Less: direct expenses from gaming and fundraising events       6c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9         10       Grants and similar amounts paid (list in Schedule 0)       SEE         11       Escribe in Schedule 0)       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       423, 589.         14       Occupancy, rent, utilities, and maintenance       14       15         15       Other expenses (describe in Schedule 0)       SEE       SCHEDULLE O       16       30, 432.         17       Total expenses. Add lines 10 through 16       17       457, 170.       18       Excess or (deficit) for the year (subtract line 17 from li   | č  |             |                  |  | ch .                                  |        |                                       |            |             |                        |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a Gross sales of inventory, less returns and allowances       7a         b Less: cost of goods sold       7b         c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         8 Other revenue (describe in Schedule 0)       8         9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9         10 Grants and similar amounts paid (list in Schedule 0)       SEE SCHEDULE O         11 Benefits paid to or for members       11         12 Salaries, other compensation, and employee benefits       12         13 Professional fees and other payments to independent contractors       13       423, 589.         14 Occupancy, rent, utilities, and maintenance       14       15         15 Printing, publications, postage, and shipping       15       16         16 Other expenses (describe in Schedule 0)       SEE SCHEDULE O       16       30, 432.         17 Total expenses. Add lines 10 through 16       17       457, 170.         18 Excess or (deficit) for the year (subtract line 17 from line 9)       18       -316, 671.   |  |             | gross income a   | and contributions exceeds \$15,000)  |                                       | b      |                                       |            |             |                        |
| 7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       9         10       Grants and similar amounts paid (list in Schedule 0)       SEE       SCHEDULE O       10       3, 149.         11       Benefits paid to or for members       11       12       13       423, 589.         12       Salaries, other compensation, and employee benefits       12       13       423, 589.         13       Professional fees and other payments to independent contractors       13       423, 589.         14       Occupancy, rent, utilities, and maintenance       14       15         15       Other expenses (describe in Schedule 0)       SEE       SCHEDULE O       16       30, 432.         17       Total expenses. Add lines 10 through 16       17       457, 170.       18       -316, 671.   |  | c           |                  | · · · · · · · · · · · · · · · · · · ·  | · · · · · · · · · · · · · · · · · · · | _      |                                       |            |             |                        |
| b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       9       140, 499.         10       Grants and similar amounts paid (list in Schedule 0)       SEE       SCHEDULE       0       10       3, 149.         11       Benefits paid to or for members       11       12       13       423, 589.       11         12       Salaries, other compensation, and employee benefits       12       13       423, 589.       14         13       Professional fees and other payments to independent contractors       13       423, 589.       14         14       Occupancy, rent, utilities, and maintenance       14       15       15       15         16       Other expenses (describe in Schedule 0)       SEE       SCHEDULLE       0       16       30, 432.         17       Total expenses. Add lines 10 through 16       17       457, 170.       18       -316, 671.   |  | d           |                  |  |                                       | t line | e 6c)                                 |            | 6d          |                        |
| c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       140, 499.         10       Grants and similar amounts paid (list in Schedule 0)       SEE SCHEDULE O       10       3, 149.         11       Benefits paid to or for members       11       11       12         12       Salaries, other compensation, and employee benefits       12       13       423, 589.         13       Professional fees and other payments to independent contractors       13       423, 589.       14         14       Occupancy, rent, utilities, and maintenance       14       15       15         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE O       16       30, 432.         17       Total expenses. Add lines 10 through 16       17       457, 170.         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       -316, 671.  |  |             |                  |  |                                       |        |                                       |            | _           |                        |
| 8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       140, 499.         10       Grants and similar amounts paid (list in Schedule 0)       SEE SCHEDULE 0       10       3, 149.         11       Benefits paid to or for members       11       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       423, 589.         14       Occupancy, rent, utilities, and maintenance       14         15       I15       I15         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE O       16       30, 432.         17       Total expenses. Add lines 10 through 16       17       457, 170.         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       -316, 671.  |  |             |                  |  |                                       |        |                                       |            | _           |                        |
| 9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       >       9       140, 499.         10       Grants and similar amounts paid (list in Schedule 0)       SEE SCHEDULE 0       10       3, 149.         11       Benefits paid to or for members       11       11         12       Salaries, other compensation, and employee benefits       12       13       423, 589.         13       Professional fees and other payments to independent contractors       14       14       15         14       Occupancy, rent, utilities, and maintenance       14       15       15         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE O       16       30, 432.         17       Total expenses. Add lines 10 through 16       17       457, 170.         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       -316, 671.   |  |             |                  |  |                                       |        |                                       |            |             |                        |
| 10       Grants and similar amounts paid (list in Schedule 0)       SEE SCHEDULE O       10       3,149.         11       Benefits paid to or for members       11       11         12       Salaries, other compensation, and employee benefits       12       13       423,589.         13       Professional fees and other payments to independent contractors       14       14       15         16       Occupancy, rent, utilities, and maintenance       14       15       15         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE O       16       30,432.         17       Total expenses. Add lines 10 through 16       17       457,170.         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       -316,671.   |  |             |                  |  |                                       |        |                                       |            |             | 140 499.               |
| 11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       423,589.         14       Occupancy, rent, utilities, and maintenance       14         15       If       15         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE 0       16       30,432.         17       Total expenses. Add lines 10 through 16       17       457,170.         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       -316,671.   |  |             | Grants and sim   | $\frac{1}{1}$ $\frac{1}$ | SEE                                   | SC     | CHEDULE O                             |            |             |                        |
| 12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       423,589.         14       0ccupancy, rent, utilities, and maintenance       14         15       15       15         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE 0       16       30,432.         17       Total expenses. Add lines 10 through 16       17       457,170.         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       -316,671.   |  |             | Benefits naid to | o or for members   |                                       |        |                                       |            |             |                        |
| 13       Professional fees and other payments to independent contractors       13       423,589.         14       Occupancy, rent, utilities, and maintenance       14         15       If       15         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE 0       16       30,432.         17       Total expenses. Add lines 10 through 16       17       457,170.         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       -316,671.   | Ś  |             |                  |  |                                       |        |                                       |            |             |                        |
| 16       Other expenses (describe in Schedule 0)       SEE SCHEDULE 0       16       30,432.         17       Total expenses. Add lines 10 through 16       17       457,170.         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       -316,671.   | JSe  |             |                  |  |                                       |        |                                       |            |             | 423,589.               |
| 16       Other expenses (describe in Schedule 0)       SEE SCHEDULE 0       16       30,432.         17       Total expenses. Add lines 10 through 16       17       457,170.         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       -316,671.   | ied  | 14          |                  |  |                                       |        |                                       |            | 14          |                        |
| 16Other expenses (describe in Schedule 0)SEE SCHEDULE O16 $30, 432$ .17Total expenses. Add lines 10 through 1617 $457, 170$ .18Excess or (deficit) for the year (subtract line 17 from line 9)18 $-316, 671$ .  | ш  | 15          | Printing, public | ications, postage, and shipping  |                                       |        |                                       |            |             |                        |
| 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 -316,671.   |  | 16          | Other expenses   | s (describe in Schedule O)   | SEE                                   | SC     | CHEDULE O                             |            | 16          |                        |
| 18Excess or (deficit) for the year (subtract line 17 from line 9)18-316,671.19Net assets or fund balances at beginning of year (from line 27, column (A))<br>(must agree with end-of-year figure reported on prior year's return)19339,593.20Other changes in net assets or fund balances (explain in Schedule 0)200.   |  |             |                  |  |                                       |        |                                       |            |             |                        |
| Image: Net assets or fund balances at beginning of year (from line 27, column (A))<br>(must agree with end-of-year figure reported on prior year's return)Image: Image: Imag          | <u>s</u>   |             |                  |  |                                       |        |                                       |            | 18          | -316,671.              |
| Image: second | sse  | 19          |                  |  |                                       |        |                                       |            | 10          | 330 E03                |
| 20 Utilei changes in het assets of fund balances (explain in Schedule 0)  | it Α   | 00          |                  |  |                                       |        |                                       |            |             |                        |
|   | Ne   |             | -                |  |                                       |        |                                       | •          |             |                        |
| Image: Provide a set of fund balances at end of year. Combine lines 18 through 20         Image: Provide a set of year. Combine lines 18 through 20         Image: Provide a set of year. Combine lines 18 through 20         Image: Provide a set of year. Combine lines 18 through 20         Image: Provide a set of year. Combine lines 18 through 20         Image: Provide a set of year. Combine lines 18 through 20         Image: Provide a set of year. Combine lines 18 through 20         Image: Provide a set of year. Combine lines 18 through 20         Image: Provide a set of year. Combine lines 18 through 20         Image: Provide a set of year. Combine lines 18 through 20         Image: Provide a set of year. Combine lines 18 through 20         Image: Provide a set of year. Combine lines 18 through 20         Image: Provide a set of year. Combine lines 18 through 20         Image: Provide a set of year. Combine lines 18 through 20         Image: Provide a set of year. Combine lines 18 through 20         Image: Provide a set of year. Combine lines 18 through 20         Image: Provide a set of year. Combine lines 18 through 20         Image: Provide a set of year. Combine lines 18 through 20         Image: Provide a set of year. Combine lines 18 through 20         Image: Provide a set of year. Combine lines 18 through 20         Image: Provide a set of year. Combine lines 18 through 20         Image: Provide a set of year. Combine lines 18 through 20 </td <td>LHA</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>. 🚩</td> <td><u> </u></td> <td></td>  | LHA  |             |                  |  |                                       |        |                                       | . 🚩        | <u> </u>    |                        |

|     | 1 990-EZ (2021) SWAYAM KRISHI SANGAM FOUN  | DATION                                |                           | 86-                       | 43499                        | 51 Page 2                       |
|-----|--|---------------------------------------|---------------------------|---------------------------|------------------------------|---------------------------------|
| Pa  | <b>art II</b> Balance Sheets (see the instructions for Part II)  |                                       |                           |                           |                              |                                 |
|     | Check if the organization used Schedule O to res   | pond to any questic                   | n in this Part II         |                           |                              | X                               |
|     |  |                                       | (A) Beginning of year     |                           | ( <b>B</b> ) E               | nd of year                      |
| 22  | Cash, savings, and investments   |                                       | 339,593.                  | 22                        |                              | 66,822.                         |
| 23  | Land and buildings   |                                       | •                         | 23                        |                              |                                 |
| 24  | Other assets (describe in Schedule O)  |                                       |                           | 24                        |                              |                                 |
| 25  |  |                                       | 339,593.                  |                           |                              | 66,822.                         |
| 26  | Total assets Total liabilities (describe in Schedule 0) SEE SCHEDULE C   | · · · · · · · · · · · · · · · · · · · | 0.                        |                           |                              | 43,900.                         |
|     | Net assets or fund balances (line 27 of column (B) must agree with line 21)  | •••••••••••••••••••••••••••••••••••-  | 339,593.                  |                           |                              | 22,922.                         |
| 27  | art III Statement of Program Service Accomplishmer   | nts (see the instruc                  | tions for Part III)       | 21                        | E.                           | -                               |
| 1 0 | Check if the organization used Schedule O to res   | •                                     | ,                         |                           |                              | penses<br>for section           |
|     | t is the organization's primary exempt purpose? TO SUPPORT CHA   |                                       |                           |                           | 501(c)(3)                    | and 501(c)(4)                   |
| Wha | t is the organization's primary exempt purpose? TO SUPPORT CHA   | ARTIABLE INIT                         | TALIVES                   |                           |                              | ons; optional for               |
|     | ribe the organization's program service accomplishments for each of its three largest program s  |                                       | s. In a clear and concise |                           | others.)                     |                                 |
|     | er, describe the services provided, the number of persons benefited, and other relevant information of the services and the services and the services are services as the services are services are services as the services are |                                       | -                         |                           |                              |                                 |
| 28  | TO SUPPORT CHARITABLE ORGANIZATIONS  | AND PROJECTS                          | 5.                        | _                         |                              |                                 |
|     |  |                                       |                           | _                         |                              |                                 |
|     |  |                                       |                           |                           |                              |                                 |
|     | (Grants \$ 3,149.) If this amount includes foreign   | grants, check here                    | ►                         |                           | 28a                          | 430,388.                        |
| 29  |  |                                       |                           |                           |                              |                                 |
|     |  |                                       |                           | _                         |                              |                                 |
|     |  |                                       |                           | _                         |                              |                                 |
|     | (Grants \$ ) If this amount includes foreign   | grants check here                     |                           | $\neg$                    | 29a                          |                                 |
| 30  |  | granto, oncontrioro                   | F                         |                           |                              |                                 |
|     |  |                                       |                           | -                         |                              |                                 |
|     |  |                                       |                           | -                         |                              |                                 |
|     | (Grants \$ ) If this amount includes foreign   | aranta abaali bara                    | •                         | -1                        | 30a                          |                                 |
| 04  |  |                                       |                           |                           | 30a                          |                                 |
| 31  |  |                                       |                           |                           |                              |                                 |
|     | (Grants \$ ) If this amount includes foreign   | grants, check here                    | ····· 🕨                   |                           | 31a                          | 120 200                         |
| 32  | Total program service expenses (add lines 28a through 31a)<br>art IV List of Officers, Directors, Trustees, and Key E  | mployoog                              |                           | . 🕨                       | 32                           | 430,388.                        |
| Pa  |  |                                       |                           | e the ir                  | nstructions for              | r Part IV)                      |
|     | Check if the organization used Schedule O to res   |                                       |                           | ·····                     | <u></u>                      |                                 |
|     |  | (b) Average hours                     | compensation (Forms       | ( <b>d)</b> Hea<br>contri | alth benefits,<br>butions to | (e) Estimated                   |
|     | (a) Name and title   | per week devoted to<br>position       | W-2/1099-MISC/            | emplo                     | yee benefit<br>and deferred  | amount of other<br>compensation |
|     |  | μυδιτιστι                             | (if not paid, enter -0-)  |                           | pensation                    | compensation                    |
|     | KRAM AKULA   |                                       |                           |                           |                              |                                 |
|     | ECUTIVE DIRECTOR   | 1.00                                  | 0.                        |                           | 0.                           | 0.                              |
| CO  | NRAD LARSEN  |                                       |                           |                           |                              |                                 |
| SE  | CRETARY  | 0.10                                  | 0.                        |                           | 0.                           | 0.                              |
| DO  | MINIQUE GODAT  |                                       |                           |                           |                              |                                 |
|     | EASURER  | 0.10                                  | 0.                        |                           | 0.                           | 0.                              |
|     |  |                                       |                           |                           |                              |                                 |
|     |  | 1                                     |                           |                           |                              |                                 |
|     |  |                                       | 1                         |                           |                              |                                 |
|     |  | 1                                     |                           |                           |                              |                                 |
|     |  |                                       | + +                       |                           |                              |                                 |
|     |  | -                                     |                           |                           |                              |                                 |
|     |  |                                       |                           |                           |                              |                                 |
|     |  | -                                     |                           |                           |                              |                                 |
|     |  |                                       |                           |                           |                              |                                 |
|     |  | 4                                     |                           |                           |                              |                                 |
|     |  |                                       |                           |                           |                              |                                 |
|     |  | 4                                     |                           |                           |                              |                                 |
|     |  |                                       |                           |                           |                              |                                 |
|     |  |                                       |                           |                           |                              |                                 |
| _   |  |                                       |                           |                           |                              |                                 |
|     |  |                                       |                           |                           |                              |                                 |
|     |  | 1                                     |                           |                           |                              |                                 |
|     |  |                                       |                           |                           |                              |                                 |
|     |  | 1                                     |                           |                           |                              |                                 |
|     |  | 1                                     | 1                         |                           | Form                         | 990-EZ (2021                    |
| 400 | 72 12-08-21  |                                       |                           |                           | FULLI                        |                                 |

| Forn | 990-EZ (2021) SWAYAM KRISHI SANGAM FOUNDATION 36-434  | 9951       |       | Page 3   |
|------|---|------------|-------|----------|
| Pa   | rt V Other Information (Note the Schedule A and personal benefit contract statement requirements  |            |       |          |
|      | instructions for Part V.) Check if the organization used Sch. O to respond to any question in this  | s Part     |       | X        |
|      |   |            | Yes   | No       |
| 33   | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each              |            |       |          |
|      | activity in Schedule 0  | 33         |       | X        |
| 34   | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended                              |            |       |          |
|      | documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions                              | 34         |       | X        |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported             |            |       |          |
|      | on lines 2, 6a, and 7a, among others)?  | 35a        |       | X        |
|      | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O                                 | 35b        | N/    | <u>а</u> |
| C    | Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax      |            |       |          |
|      | requirements during the year? If "Yes," complete Schedule C, Part III   | 35c        |       | X        |
| 36   | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"                 |            |       |          |
| 07.0 | complete applicable parts of Schedule N<br>Enter amount of political expenditures, direct or indirect, as described in the instructions <b>&gt; 37a</b> 0 | 36         |       | X        |
|      |   | •<br>37b   |       | x        |
|      | Did the organization file <b>Form 1120-POL</b> for this year?   | 370        |       |          |
| 30 a | in a prior year and still outstanding at the end of the tax year covered by this return?  | 38a        |       | x        |
| h    | If "Yes," complete Schedule L, Part II, and enter the total amount involved <b>38b</b> N/A  | 000        |       | <u> </u> |
| 39   | Section 501(c)(7) organizations. Enter:   | -          |       |          |
|      | Initiation fees and capital contributions included on line 9 39a N/A  |            |       |          |
|      | Gross receipts, included on line 9, for public use of club facilities 39b N/A   |            |       |          |
|      | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:   |            |       |          |
|      | section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •  |            |       |          |
| b    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit                                |            |       |          |
|      | transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any                          |            |       |          |
|      | of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   | 40b        |       | X        |
| C    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on  |            |       |          |
|      | organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |            |       |          |
| d    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed  |            |       |          |
|      | by the organization <b>D</b> .  |            |       |          |
| е    | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter  | 40.        |       | x        |
| 44   | transaction? If "Yes," complete Form 8886-T<br>List the states with which a copy of this return is filed <b>NONE</b>                                      | 40e        |       |          |
|      | The organization's books are in care of $\bigvee$ VIKRAM AKULA Telephone no. $\triangleright$ 201–3   | 14-2       | 464   |          |
| 72 u | Located at ▶ 775 LONGBOAT CLUB ROAD APT. NO. 806, LONGBOAT KEY ZIP+4 ▶  |            |       |          |
| b    | 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   |            | Yes   | No       |
|      | account)?   | 42b        |       | X        |
|      | If "Yes," enter the name of the foreign country   |            |       |          |
|      | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                    |            |       |          |
| C    | At any time during the calendar year, did the organization maintain an office outside the United States?  | 42c        |       | X        |
|      | If "Yes," enter the name of the foreign country 🕨   |            |       |          |
| 43   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here   |            | 🕨     |          |
|      | and enter the amount of tax-exempt interest received or accrued during the tax year 43  | N/A        |       |          |
|      |   |            | Vaa   |          |
|      |   |            | Tes   | No       |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of                                    | 44.        |       | x        |
| F    | Form 990-EZ<br>Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead                 | 44a        |       |          |
| U    |   | 44b        |       | x        |
| ~    | of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?   | 440<br>44c |       | X        |
|      | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation                                     |            |       | <u> </u> |
| u    | in Schedule 0   | 44d        |       |          |
| 45 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 45a        |       | x        |
|      | 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions   | 45b        |       |          |
|      |   | Form 9     | 90-EZ | (2021)   |

132173 12-08-21

| orm 990-EZ (         | 2021) SWAYAM KRISHI   | SANGAM FOUNI                           | DATION         |                 |  | 36-43499                             | 51                   | Page 4   |
|----------------------|---|--|----------------|-----------------|--|--------------------------------------|----------------------|----------|
|                      |   |  |                |                 |  | _                                    | Yes                  | s No     |
|                      | rganization engage, directly or indirectly, i   | in political campaign activities       | s on behalf of | or in oppositio | on to candidates for pu  |                                      |                      |          |
| If "Yes," o          | complete Schedule C, Part I   | <u> </u>                               |                |                 |  |                                      | 46                   | X        |
| art VI               | Section 501(c)(3) Organizati  |  |                |                 |  |                                      |                      |          |
|                      | All section 501(c)(3) organizations m   | •                                      |                | •               |  |                                      |                      |          |
|                      | Check if the organization used Sche   | dule O to respond to any               | question in t  | his Part VI     |  |                                      | Yes                  |          |
| Didde                |   |  |                |                 | 0  | Г                                    | Te                   | s No     |
|                      | rganization engage in lobbying activities o   | ( )                                    |                | • •             |  |                                      | 47                   | x        |
| le the or            | complete Sch. C, Part II  | 17Ω(h)(1)(Λ)(ii) <b>2</b> If "Vec " or | mnlata Schar   | <br>Ιμίο Ε      |  |                                      | 47<br>48             | X        |
|                      | rganization make any transfers to an exen   |  |                |                 |  |                                      | 40<br>49a            | X        |
|                      | was the related organization a section 527  |  |                |                 |  |                                      | 49b                  | <u> </u> |
|                      | e this table for the organization's five high   |  |                |                 |  |                                      |                      | more     |
| -                    | 0,000 of compensation from the organizat  |  |                | ,               | -, |                                      |                      |          |
|                      | (a) Name and title of each emplo  |  |                | age hours       | (C) Reportable   | (d) Health benefits,                 | (e) Esti             | mated    |
|                      |   | 5                                      |                | devoted to      | compensation (Forms<br>W-2/1099-MISC/  | contributions to<br>employee benefit | amount o             | of other |
|                      | I   | IONE                                   | pos            | sition          | 1099-NEC)  | plans, and deferred compensation     | compen               | sation   |
|                      |   |  |                |                 |  |                                      |                      |          |
|                      |   |  |                |                 |  |                                      |                      |          |
|                      |   |  |                |                 |  |                                      |                      |          |
|                      |   |  |                |                 |  |                                      |                      |          |
|                      |   |  |                |                 |  |                                      |                      |          |
|                      |   |  |                |                 |  |                                      |                      |          |
|                      |   |  |                |                 |  |                                      |                      |          |
|                      |   |  |                |                 |  |                                      |                      |          |
|                      |   |  |                |                 |  |                                      |                      |          |
|                      | tion. If there is none, enter "None."<br>Name and business address of each indep<br>KAY | endent contractor                      |                | (b              | ) Type of service  | (c) C                                | ompensati            | on       |
|                      | ST. #11F, BROOKLYN  | , NY 11201                             |                | TUTOR           |  |                                      | 188,9                | 919.     |
|                      |   |  |                |                 |  |                                      |                      |          |
|                      |   |  |                |                 |  |                                      |                      |          |
|                      |   |  |                |                 |  |                                      |                      |          |
|                      |   |  |                |                 |  |                                      |                      |          |
|                      |   |  |                |                 |  |                                      |                      |          |
| <b>d</b> Total nur   | nber of other independent contractors eac   | h receiving over \$100,000             |                |                 | <b>&gt;</b>  |                                      |                      | 0        |
|                      | rganization complete Schedule A? Note: /  |  |                |                 |  |                                      |                      |          |
| complete             | ed Schedule A   |  | <u></u>        | <u></u>         |  | <b>&gt;</b> X                        | Yes                  | No       |
| der penaltie         | s of perjury, I declare that I have examined  | d this return, including accorr        | panying sche   | dules and state | ements, and to the bes   | st of my knowledge                   | e and belie          | f, it is |
| <u>e, correct, a</u> | nd complete. Declaration of preparer (othe  | er than officer) is based on al        | l information  | of which prepa  | rer has any knowledg   | e                                    |                      |          |
|                      | Signature of officer  |  |                |                 |  | Date                                 |                      |          |
| gn                   | C C C C C C C C C C C C C C C C C C C   |  |                |                 |  | Date                                 |                      |          |
|                      | VIKRAM AKULA, EXE   | CUTIVE DIRECT                          | OR             |                 |  |                                      |                      |          |
|                      |   | Droporaria aignot                      |                | Data            | Chook  |                                      |                      |          |
|                      | Print/Type preparer's name  | Preparer's signature                   |                | Date            | Check self- emplo  | if   PTIN                            |                      |          |
| aid                  |   |  |                | 11/1            | -  | -                                    | 75720                | <b>`</b> |
| eparer               | DANIEL STANLEY<br>Firm's name ► CLIFTONLAR  | DANIEL STAI                            | лпет           | 11/14           |  | <u>  ₽013</u><br>  ▶ 41-074          | 75739                | ,        |
| se Only              | Firm's address > 1301 WEST  |  | GIITUL         | E 1100          |  |                                      | <u>6749</u><br>73-86 | 00       |
|                      |   | $C_{22ND}$ STREET, $C_{1}$ IL 60523    | , SULTE        | . TTOO          | Phone no.  | . (030) 5                            | 12-00                | 00       |
| v the IDC 4          |   | -                                      |                |                 |  |                                      | Yes                  | No       |
| ւց սե լեծ ն          | iscuss this return with the preparer shown  | י מטטעבי שבר וווצנו מכנוטווצ           |                |                 |  |                                      |                      |          |
|                      |   |  |                |                 |  | FC                                   | orm 990-EZ           | . (2021  |

132174 12-08-21

11151114 131839 027-036654

(Form 990)

Total

### **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.

| Department of the Treasury<br>Internal Revenue Service |       |                     |                       | <ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul> |   |                                      |                                   |                 | Open to Public<br>Inspection |                            |
|--|-------|---------------------|-----------------------|--|---|--------------------------------------|-----------------------------------|-----------------|------------------------------|----------------------------|
| Nam  | e of  | the organizati      | on                    | -  |   |                                      |                                   |                 | Employer                     | identification number      |
|  |       |                     | SWAY                  | AM KRISHI  | SANGAM FOUND  | ATION                                |                                   |                 | 3                            | 6-4349951                  |
| Pa   | rt I  | Reason              | for Public (          | Charity Status.  | (All organizations must c                           | omplete th                           | his part.) S                      | ee instruction  | IS.                          |                            |
| The  | organ | nization is not a   | private found         | lation because it is: (I   | For lines 1 through 12, c                           | heck only                            | one box.)                         |                 |                              |                            |
| 1  |       | A church, cor       | nvention of ch        | urches, or associatio  | on of churches described                            | l in sectio                          | on 170(b)(1                       | 1)(A)(i).       |                              |                            |
| 2  |       | A school des        | cribed in <b>sect</b> | ion 170(b)(1)(A)(ii).  | Attach Schedule E (Forn                             | n 990).)                             |                                   |                 |                              |                            |
| 3  |       | A hospital or       | a cooperative         | hospital service orga  | anization described in s                            | ection 170                           | )(b)(1)(A)(ii                     | ii).            |                              |                            |
| 4  |       | A medical res       | earch organiz         | ation operated in con  | njunction with a hospital                           | described                            | l in sectio                       | on 170(b)(1)(A  | .)(iii). Enter               | the hospital's name,       |
|  |       | city, and state     | e:                    |  |   |                                      |                                   |                 |                              |                            |
| 5  |       | An organizati       | on operated fo        | or the benefit of a co   | llege or university owned                           | l or operat                          | ed by a go                        | overnmental u   | nit describe                 | ed in                      |
|  |       | section 170         | (b)(1)(A)(iv). (C     | Complete Part II.)   |   |                                      |                                   |                 |                              |                            |
| 6  |       | A federal, sta      | te, or local go       | vernment or governm  | nental unit described in                            | section 17                           | 70(b)(1)(A)                       | (v).            |                              |                            |
| 7  |       |                     | -                     | -  | ntial part of its support fi                        |                                      |                                   |                 | ne general p                 | oublic described in        |
|  |       |                     |                       | omplete Part II.)  |   | Ū                                    |                                   |                 | <b>U</b> .                   |                            |
| 8  |       |                     |                       |  | (1)(A)(vi). (Complete Par                           | t II.)                               |                                   |                 |                              |                            |
| 9  |       |                     |                       |  | in section 170(b)(1)(A)(                            |                                      | ed in conju                       | unction with a  | land-grant                   | college                    |
|  |       | or university       | or a non-land-o       | grant college of agric   | ulture (see instructions).                          | Enter the                            | name, city                        | , and state of  | the college                  | or                         |
|  |       | university:         |                       |  |   |                                      |                                   |                 | •                            |                            |
| 10   | X     | An organizati       | on that norma         | Illy receives (1) more   | than 33 1/3% of its supp                            | ort from c                           | ontributior                       | ns, membersł    | nip fees, and                | d gross receipts from      |
|  |       |                     |                       |  | t to certain exceptions; a                          |                                      |                                   |                 |                              |                            |
|  |       |                     |                       |  | (less section 511 tax) fro                          |                                      |                                   |                 |                              |                            |
|  |       |                     |                       | mplete Part III.)  |   |                                      |                                   |                 |                              |                            |
| 11   |       | An organizati       | on organized a        | and operated exclusi   | ively to test for public sa                         | fety. See                            | section 50                        | 09(a)(4).       |                              |                            |
| 12   |       | An organizati       | on organized a        | and operated exclusi   | ively for the benefit of, to                        | perform t                            | he functio                        | ns of, or to ca | rry out the                  | purposes of one or         |
|  |       | more publicly       | supported or          | ganizations describe   | ed in section 509(a)(1) o                           | r section                            | 509(a)(2).                        | See section     | 509(a)(3).                   | Check the box on           |
|  |       | lines 12a thro      | ough 12d that         | describes the type of  | f supporting organizatior                           | n and com                            | plete lines                       | 12e, 12f, and   | l 12g.                       |                            |
| а  |       | <b>Type I.</b> A s  | upporting orga        | anization operated, s  | upervised, or controlled                            | by its sup                           | ported org                        | anization(s), t | ypically by                  | giving                     |
|  |       | the suppor          | ted organizatio       | on(s) the power to reg   | gularly appoint or elect a                          | majority c                           | of the direc                      | tors or truste  | es of the su                 | ipporting                  |
|  |       | organizatio         | n. <b>You must c</b>  | complete Part IV, Se   | ections A and B.                                    |                                      |                                   |                 |                              |                            |
| b  |       | <b>Type II.</b> A s | supporting org        | anization supervised   | l or controlled in connect                          | tion with it                         | s supporte                        | ed organizatio  | n(s), by hav                 | ving                       |
|  |       | control or n        | nanagement o          | of the supporting orga   | anization vested in the sa                          | ame perso                            | ns that co                        | ntrol or mana   | ge the supp                  | ported                     |
|  |       | organizatio         | n(s). <b>You mus</b>  | t complete Part IV,  | Sections A and C.                                   |                                      |                                   |                 |                              |                            |
| с  |       | Type III fur        | nctionally inte       | grated. A supportin  | g organization operated                             | in connect                           | tion with, a                      | and functiona   | lly integrate                | d with,                    |
|  |       | its supporte        | ed organizatio        | n(s) (see instructions   | ). You must complete l                              | Part IV, Se                          | ections A,                        | D, and E.       |                              |                            |
| d  |       | Type III no         | n-functionally        | y integrated. A supp   | porting organization oper                           | ated in co                           | nnection v                        | vith its suppo  | rted organiz                 | zation(s)                  |
|  |       | that is not f       | unctionally int       | egrated. The organiz   | zation generally must sat                           | isfy a distr                         | ibution rec                       | quirement and   | an attentiv                  | veness                     |
|  |       | requiremen          | t (see instruct       | ions). You must cor  | nplete Part IV, Sections                            | A and D,                             | and Part                          | <b>v</b> .      |                              |                            |
| е  |       | Check this          | box if the orga       | anization received a v   | written determination fro                           | m the IRS                            | that it is a                      | Туре I, Туре    | II, Type III                 |                            |
|  |       | functionally        | integrated, or        | r Type III non-functio   | nally integrated supporti                           | ng organiz                           | ation.                            |                 |                              |                            |
| f  | Ente  | er the number       | of supported o        | organizations  |   |                                      |                                   |                 |                              |                            |
| g  |       |                     |                       | n about the supporte   |   |                                      |                                   |                 |                              |                            |
|  | (     | (i) Name of supp    |                       | (ii) EIN   | (iii) Type of organization (described on lines 1-10 | (IV) IS the organized in your govern | anization listed<br>ing document? | (v) Amount c    |                              | (vi) Amount of other       |
|  |       | organization        |                       |  | above (see instructions))                           | Yes                                  | No                                | support (see i  | nstructions)                 | support (see instructions) |
|  |       |                     |                       |  |   |                                      |                                   |                 |                              |                            |
|  |       |                     |                       |  |   |                                      |                                   |                 |                              |                            |
|  |       |                     |                       |  |   |                                      |                                   |                 |                              |                            |
|  |       |                     |                       |  |   |                                      |                                   |                 |                              |                            |
|  |       |                     |                       |  |   |                                      |                                   |                 |                              |                            |
|  |       |                     |                       |  |   |                                      |                                   |                 |                              |                            |
|  |       |                     |                       |  |   |                                      |                                   |                 |                              |                            |
|  |       |                     |                       |  |   |                                      |                                   |                 |                              |                            |
|  |       |                     |                       |  |   |                                      |                                   |                 |                              |                            |
|  |       |                     |                       |  |   |                                      |                                   |                 |                              |                            |

OMB No. 1545-0047

2021

| Schedule | A (Form 990) | 202  |
|----------|--------------|------|
| Part II  | Suppor       | t Sc |

### SWAYAM KRISHI SANGAM FOUNDATION

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.)

| See         | ction A. Public Support                      |                       | •                   |                      | <b>.</b>                    |                      |                 |
|-------------|--|-----------------------|---------------------|----------------------|-----------------------------|----------------------|-----------------|
| Cale        | ndar year (or fiscal year beginning in) 🕨    | (a) 2017              | <b>(b)</b> 2018     | (c) 2019             | (d) 2020                    | (e) 2021             | (f) Total       |
| 1           | Gifts, grants, contributions, and            |                       |                     |                      |                             |                      |                 |
|             | membership fees received. (Do not            |                       |                     |                      |                             |                      |                 |
|             | include any "unusual grants.")               |                       |                     |                      |                             |                      |                 |
| 2           | Tax revenues levied for the organ-           |                       |                     |                      |                             |                      |                 |
|             | ization's benefit and either paid to         |                       |                     |                      |                             |                      |                 |
|             | or expended on its behalf                    |                       |                     |                      |                             |                      |                 |
| 3           | The value of services or facilities          |                       |                     |                      |                             |                      |                 |
|             | furnished by a governmental unit to          |                       |                     |                      |                             |                      |                 |
|             | the organization without charge $\dots$      |                       |                     |                      |                             |                      |                 |
| 4           | Total. Add lines 1 through 3                 |                       |                     |                      |                             |                      |                 |
| 5           | The portion of total contributions           |                       |                     |                      |                             |                      |                 |
|             | by each person (other than a                 |                       |                     |                      |                             |                      |                 |
|             | governmental unit or publicly                |                       |                     |                      |                             |                      |                 |
|             | supported organization) included             |                       |                     |                      |                             |                      |                 |
|             | on line 1 that exceeds 2% of the             |                       |                     |                      |                             |                      |                 |
|             | amount shown on line 11,                     |                       |                     |                      |                             |                      |                 |
|             | column (f)                                   |                       |                     |                      |                             |                      |                 |
| 6           | Public support. Subtract line 5 from line 4. |                       |                     |                      |                             |                      |                 |
| See         | ction B. Total Support                       |                       |                     |                      |                             |                      |                 |
| Cale        | ndar year (or fiscal year beginning in) 🕨    | (a) 2017              | <b>(b)</b> 2018     | (c) 2019             | (d) 2020                    | (e) 2021             | (f) Total       |
| 7           | Amounts from line 4                          |                       |                     |                      |                             |                      |                 |
| 8           | Gross income from interest,                  |                       |                     |                      |                             |                      |                 |
|             | dividends, payments received on              |                       |                     |                      |                             |                      |                 |
|             | securities loans, rents, royalties,          |                       |                     |                      |                             |                      |                 |
|             | and income from similar sources              |                       |                     |                      |                             |                      |                 |
| 9           | Net income from unrelated business           |                       |                     |                      |                             |                      |                 |
|             | activities, whether or not the               |                       |                     |                      |                             |                      |                 |
|             | business is regularly carried on             |                       |                     |                      |                             |                      |                 |
| 10          | Other income. Do not include gain            |                       |                     |                      |                             |                      |                 |
|             | or loss from the sale of capital             |                       |                     |                      |                             |                      |                 |
|             | assets (Explain in Part VI.)                 |                       |                     |                      |                             |                      |                 |
| 11          | Total support. Add lines 7 through 10        |                       |                     |                      |                             |                      |                 |
| 12          | Gross receipts from related activities,      | etc. (see instruction | ons)                |                      |                             | 12                   |                 |
| 13          | First 5 years. If the Form 990 is for th     | ne organization's fi  | rst, second, third, | fourth, or fifth tax | year as a section 5         | 501(c)(3)            |                 |
|             | organization, check this box and stop        |                       |                     |                      |                             |                      |                 |
| See         | ction C. Computation of Publi                | c Support Per         | centage             |                      |                             | <u> </u>             |                 |
|             | Public support percentage for 2021 (I        |                       | •                   |                      |                             | 14                   | %               |
|             | Public support percentage from 2020          |                       |                     |                      |                             | 15                   | %               |
| <b>1</b> 6a | 33 1/3% support test - 2021. If the o        | organization did no   | ot check the box o  | n line 13, and line  | 14 is 33 1/3% or n          | nore, check this bo  | x and           |
|             | stop here. The organization qualifies        |                       | -                   |                      |                             |                      |                 |
| b           | <b>33 1/3% support test - 2020.</b> If the o |                       |                     |                      |                             |                      |                 |
|             | and <b>stop here.</b> The organization qual  |                       |                     |                      |                             |                      |                 |
| 17a         | 10% -facts-and-circumstances test            | - 2021. If the org    | anization did not   | check a box on line  | e 13, 16a, or 16b,          | and line 14 is 10%   | or more,        |
|             | and if the organization meets the fact       | s-and-circumstanc     | es test, check this | box and stop he      | <b>ere.</b> Explain in Part | VI how the organized | zation          |
|             | meets the facts-and-circumstances te         | •                     |                     |                      | •                           |                      |                 |
| b           | 10% -facts-and-circumstances test            | - 2020. If the org    | anization did not   | check a box on line  | e 13, 16a, 16b, or          | 17a, and line 15 is  | 10% or          |
|             | more, and if the organization meets the      |                       |                     |                      | • •                         |                      |                 |
|             | organization meets the facts-and-circu       |                       |                     |                      |                             |                      | ▶∐              |
| 18          | Private foundation. If the organization      | n did not check a     | box on line 13, 16  | a, 16b, 17a, or 17l  | b, check this box a         |                      |                 |
|             |  |                       |                     |                      |                             | Schedule A           | (Form 990) 2021 |

132022 01-04-22

### SWAYAM KRISHI SANGAM FOUNDATION 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.)

#### Section A. Public Support (b) 2018 (c) 2019 (d) 2020 (e) 2021 Calendar year (or fiscal year beginning in) (a) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 72,500. 99,356. 76,750. 143,167. 116,083. 507,856. 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 76,750. 143,167. 116,083. 507,856. 72,500. 99,356. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 0. 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 83,475 83,475. c Add lines 7a and 7b 83,475. 83,475 424,381. Public support. (Subtract line 7c from line 6.) Section B. Total Support (e) 2021 Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (f) Total 9 Amounts from line 6 72,500. 99,356. 76,750. 116,083. 507,856. 143,167. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 10,314. 24,417. 34,731. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 10,314. 24,417. 34,731. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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.) 140,500. 72,500. 99,356. 76,750. 153,481. 542,587. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► Section C. Computation of Public Support Percentage 78.21 % Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 76.67 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 6.40 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f) 17 % 17 3.00 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2021 132023 01-04-22

8

### 11151114 131839 027-036654

#### SWAYAM KRISHI SANGAM FOUNDATION

1

Yes No

### Part IV Supporting Organizations

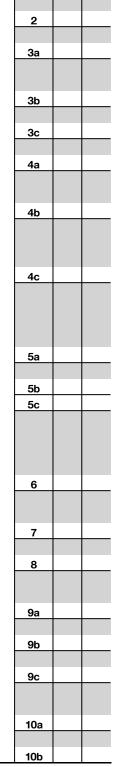
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** 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 **Part VI** when and how the organization made the determination.
- 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 Part VI what controls the organization put in place to ensure such use.
- **4a** 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.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **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* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 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 Part VI, 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 accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **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.)

9

132024 01-04-21



Schedule A (Form 990) 2021

# Schedule A (Form 990) 2021 SWAYAM KRISHI SANGAM FOUNDATION Part IV Supporting Organizations (continued)

|     |  |     | Yes | No |
|-----|--|-----|-----|----|
| 11  | Has the organization accepted a gift or contribution from any of the following persons?  |     |     |    |
| а   | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and   |     |     |    |
|     | 11c below, the governing body of a supported organization?   | 11a |     |    |
| b   | A family member of a person described on line 11a above?   | 11b |     |    |
| с   | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide   |     |     |    |
|     | detail in Part VI.   | 11c |     |    |
| Sec | tion B. Type I Supporting Organizations  |     |     |    |
|     |  |     | Yes | No |
| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one 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, or trustees were allocated among the |     |     |    |
|     | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1   |     |    |
| 2   | Did the organization operate for the benefit of any supported organization other than the supported  |     |     |    |
|     | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in   |     |     |    |
|     | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,  |     |     |    |
|     |  |     |     |    |

|               |             | the supporting |           |  |
|---------------|-------------|----------------|-----------|--|
| Section C. Ty | vpe II Supp | orting Orga    | nižations |  |

|   |  |   | Yes | No |  |
|---|--|---|-----|----|--|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors |   |     |    |  |
|   | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control    |   |     |    |  |
|   | or management of the supporting organization was vested in the same persons that controlled or managed           |   |     |    |  |
|   | the supported organization(s)  | 1 |     |    |  |

| Section D | . All Type III | Supporting | Organizations |
|-----------|----------------|------------|---------------|

|   |  |   | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the         |   |     |    |
|   | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |   |     |    |
|   | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the |   |     |    |
|   | 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 Part VI how     |   |     |    |
|   | the organization maintained a close and continuous working relationship with the supported organization(s).            | 2 |     |    |
| 3 | By reason of the relationship described on 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 Part VI the role the organization's           |   |     |    |
|   | supported organizations played in this regard.   | 3 |     |    |

### Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the org | anization used to satisfy | the Integral Part Test durin | a the year (see instructions). |
|---|---|---------------------------|------------------------------|--------------------------------|
| - |   |                           |                              |                                |

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| c |  | The organization supported a governmental entity. | Describe in Part VI how | you supported a governmental er | ntity (see instruction <u>s).</u> |
|---|--|---|-------------------------|---------------------------------|-----------------------------------|
|---|--|---|-------------------------|---------------------------------|-----------------------------------|

- 2 Activities Test. Answer lines 2a and 2b below.
- 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 **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 2b
 ...

 3a
 ...

 3b
 ...

132025 01-04-22

### 11151114 131839 027-036654

10

| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti                 | ng Organi       | zations                           | <u>u</u>                       |
|------|--|-----------------|-----------------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on N  | lov. 20, 1970 ( <i>explain in</i> | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations mu   |                 | •                                 |                                |
| Sect | ion 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               |                                   |                                |
| Sect | ion 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):            |                 |                                   |                                |
| a    | Average monthly value of securities  | 1a              |                                   |                                |
| b    | Average monthly cash balances  | 1b              |                                   |                                |
| C    | Fair market value of other non-exempt-use assets                             | 1c              |                                   |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d              |                                   |                                |
| е    | Discount claimed for blockage or other factors                               |                 |                                   |                                |
|      | (explain in detail in Part VI):  |                 |                                   |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                 | 2               |                                   |                                |
| 3    | Subtract line 2 from line 1d.  | 3               |                                   |                                |
| 4    | Cash deemed held for exempt use. Enter 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               |                                   |                                |
| Sect | ion 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    | Distributable Amount. Subtract line 5 from line 4, unless subject to         |                 |                                   |                                |
|      | emergency temporary reduction (see instructions).                            | 6               |                                   |                                |
| 7    | Check here if the current year is the organization's first as a non-function | ally integrated | d Type III supporting orga        | nization (see                  |

ation's first as a non-functionally integrated Type III supporting organization (see orga

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021

SWAYAM KRISHI SANGAM FOUNDATION

11151114 131839 027-036654

instructions).

| Schedule A | (Form 990) 2021 |   |
|------------|-----------------|---|
|            |                 | _ |

| Par   | t V   Type III Non-Functionally Integrated 509(                 | a)(3) Supporting Orga         | nizations <sub>(continu</sub>         | ied) |   |
|-------|---|-------------------------------|---------------------------------------|------|---|
| Secti | on D - Distributions  |                               |                                       |      | Current Year                              |
| 1     | Amounts paid to supported organizations to accomplish exer      | mpt purposes                  |                                       | 1    |   |
| 2     | Amounts paid to perform activity that directly furthers exemp   | t purposes of supported       |                                       |      |   |
|       | organizations, in excess of income from activity                |                               |                                       | 2    |   |
| 3     | Administrative expenses paid to accomplish exempt purpose       | es of supported organizations | 6                                     | 3    |   |
| 4     | Amounts paid to acquire exempt-use assets                       |                               | 4                                     |      |   |
| 5     | Qualified set-aside amounts (prior IRS approval required - pro  | ovide details in Part VI)     |                                       | 5    |   |
| 6     | Other distributions (describe in Part VI). See instructions.    |                               |                                       | 6    |   |
| 7     | Total annual distributions. Add lines 1 through 6.              |                               |                                       | 7    |   |
| 8     | Distributions to attentive supported organizations to which the | ne organization is responsive |                                       |      |   |
|       | (provide details in Part VI). See instructions.                 |                               |                                       | 8    |   |
| 9     | Distributable amount for 2021 from Section C, line 6            |                               |                                       | 9    |   |
| 10    | Line 8 amount divided by line 9 amount                          |                               |                                       | 10   |   |
| Secti | on E - Distribution Allocations (see instructions)              | (i)<br>Excess Distributions   | (ii)<br>Underdistributior<br>Pre-2021 | IS   | (iii)<br>Distributable<br>Amount for 2021 |
| _1    | Distributable amount for 2021 from Section C, line 6            |                               |                                       |      |   |
| 2     | Underdistributions, if any, for years prior to 2021 (reason-    |                               |                                       |      |   |
|       | able cause required - explain in Part VI). See instructions.    |                               |                                       |      |   |
| 3     | Excess distributions carryover, if any, to 2021                 |                               |                                       |      |   |
| a     | From 2016   |                               |                                       |      |   |
| b     | From 2017   |                               |                                       |      |   |
| C     | From 2018   |                               |                                       |      |   |
| d     | From 2019   |                               |                                       |      |   |
| e     | From 2020   |                               |                                       |      |   |
| f     | Total of lines 3a through 3e                                    |                               |                                       |      |   |
| g     | Applied to underdistributions of prior years                    |                               |                                       |      |   |
| h     | Applied to 2021 distributable amount                            |                               |                                       |      |   |
| i     | Carryover from 2016 not applied (see instructions)              |                               |                                       |      |   |
| j_    | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                               |                                       |      |   |
| 4     | Distributions for 2021 from Section D,                          |                               |                                       |      |   |
|       | line 7: \$  |                               |                                       |      |   |
| a     | Applied to underdistributions of prior years                    |                               |                                       |      |   |
| b     | Applied to 2021 distributable amount                            |                               |                                       |      |   |
| C     | Remainder. Subtract lines 4a and 4b from line 4.                |                               |                                       |      |   |
| 5     | Remaining underdistributions for years prior to 2021, if        |                               |                                       |      |   |
|       | any. Subtract lines 3g and 4a from line 2. For result greater   |                               |                                       |      |   |
|       | than zero, explain in Part VI. See instructions.                |                               |                                       |      |   |
| 6     | Remaining underdistributions for 2021. Subtract lines 3h        |                               |                                       |      |   |
|       | and 4b from line 1. For result greater than zero, explain in    |                               |                                       |      |   |
|       | Part VI. See instructions.                                      |                               |                                       |      |   |
| 7     | Excess distributions carryover to 2022. Add lines 3j            |                               |                                       |      |   |
|       | and 4c.   |                               |                                       |      |   |
| 8     | Breakdown of line 7:  |                               |                                       |      |   |
| a     | Excess from 2017  |                               |                                       |      |   |
| b     | Excess from 2018  |                               |                                       |      |   |
| C     | Excess from 2019  |                               |                                       |      |   |
| d     | Excess from 2020  |                               |                                       |      |   |
| е     | Excess from 2021  |                               |                                       |      |   |

Schedule A (Form 990) 2021

132027 01-04-22

|         | (See instructions.)                  | , , _              | · · · · · · · · · · · · · · · · · · · |                  |                        |   |            |
|---------|--------------------------------------|--------------------|---------------------------------------|------------------|------------------------|---|------------|
|         | line 1; Part IV, Section D           | , lines 2 and 3; P | art IV, Section                       | n E, lines 1c, 2 | a, 2b, 3a, and 3b; I   | Part V, line 1; Part V, Section B, line 1e; Part<br>part for any additional information.          | с,<br>t V, |
| Part VI | (Form 990) 2021<br>Supplemental Info | rmation. Prov      | ride the explai                       | nations require  | ed by Part II, line 10 | ; Part II, line 17a or 17b; Part III, line 12;<br>⁄, Section B, lines 1 and 2; Part IV, Section ( | Page 8     |

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

SWAYAM KRI

## Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

| SHI | SANGAM | FOUNDATION |  |
|-----|--------|------------|--|

36-4349951

| Filers of:         | Section:   |
|--------------------|--|
| Form 990 or 990-EZ | $\fbox$ 501(c)( 3 ) (enter number) organization                                  |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> 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**

X 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 33 1/3% support test of the regulations under       |
|---|
| sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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, 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 totaling \$5,000 or more during the year  $\dots \longrightarrow$ 

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

123452 11-11-21

11151114 131839 027-036654

2021.05000 SWAYAM KRISHI SANGAM FOUN 027-0361

|                                   |                     | Person A                     |
|-----------------------------------|---------------------|------------------------------|
| 1 RIVERVIEW RD                    | \$ 8,000.           | Payroll<br>Noncash           |
| I KIVERVIEW KD                    | \$8,000.            | (Complete Part II for        |
| XFORD, NY 12148                   |                     | noncash contributions.)      |
|                                   |                     |                              |
| (b)                               | (c)                 | (d)                          |
| Name, address, and ZIP + 4        | Total contributions | Type of contribution         |
|                                   |                     |                              |
|                                   |                     | Person<br>Payroll            |
|                                   | \$                  | Noncash                      |
|                                   | Ф                   | (Complete Part II for        |
|                                   |                     | noncash contributions.)      |
|                                   |                     |                              |
| (b)                               | (c)                 | (d)                          |
| Name, address, and ZIP + 4        | Total contributions | Type of contribution         |
|                                   |                     |                              |
|                                   |                     | Person                       |
|                                   |                     | Payroll                      |
|                                   | \$                  | Noncash                      |
|                                   |                     | (Complete Part II for        |
|                                   |                     | noncash contributions.)      |
| (b)                               | (c)                 | (d)                          |
| Name, address, and ZIP + 4        | Total contributions | Type of contribution         |
|                                   |                     |                              |
|                                   |                     | Person                       |
|                                   |                     | Payroll                      |
|                                   | \$                  | Noncash                      |
|                                   |                     | (Complete Part II for        |
|                                   |                     | noncash contributions.)      |
| (b)                               | (c)                 | (d)                          |
| Name, address, and ZIP + 4        | Total contributions | Type of contribution         |
| ······; ······ <u>·····</u> · · · |                     |                              |
|                                   |                     | Person                       |
|                                   |                     | Payroll                      |
|                                   | \$                  | Noncash                      |
|                                   |                     | (Complete Part II for        |
|                                   |                     | noncash contributions.)      |
| 1 -                               |                     | Schedule B (Form 990) (2021) |
| 15                                |                     |                              |

SWAYAM KRISHI SANGAM FOUNDATION

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

1 ECHOING GREEN FOUNDATION X Person Payroll 462 SEVENTH AVE 13TH FLOOR 107,933. Noncash \$ (Complete Part II for NEW YORK, NY 10018 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution SWATANTRA AND SRINIVAS MITTA 2 X FOUNDATION INC Person 771 REZ .) (a) No. n .) (a) No. n .) (a) No. n ) (a) No.

(c)

**Total contributions** 

Part I

(a)

No.

(d)

Type of contribution

Page 2

| from<br>Part I               | Description of noncash property given        | (See instructions.)                             | Date received               |
|------------------------------|--|---|-----------------------------|
|                              |  | \$  |                             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received        |
|                              |  | \$  |                             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received        |
|                              |  | \$  |                             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received        |
|                              |  | \$  |                             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received        |
|                              |  | \$  |                             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received        |
|                              |  | \$  |                             |
| 123453 11-11-21              |  |   | Schedule B (Form 990) (2021 |

### SWAYAM KRISHI SANGAM FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Schedule B (Form 990) (2021) Name of organization

(a)

No.

(d)

Employer identification number

36-4349951

(c)

FMV (or estimate)

11151114 131839 027-036654

16

(b)

| Schedule B                | (Form 990) (2021)  |   | Page   |  |  |  |
|---------------------------|--|---|--|--|--|--|
| Name of ore               | ganization   |   | Employer identification number   |  |  |  |
| SWAYAM                    | KRISHI SANGAM FOUNDAT:   | TON   | 36-4349951   |  |  |  |
| Part III                  | Exclusively religious, charitable, etc., contribut   | ions to organizations described in se         | ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year |  |  |  |
|                           | from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, | charitable, etc., contributions of \$1,000 or | r less for the year. (Enter this info. once.)                            |  |  |  |
| (a) No.                   | Use duplicate copies of Part III if additional   | space is needed.                              |  |  |  |  |
| from<br>Part I            | (b) Purpose of gift  | (c) Use of gift                               | ft (d) Description of how gift is held                                   |  |  |  |
|                           |  |   |  |  |  |  |
|                           |  |   |  |  |  |  |
|                           |  |   |  |  |  |  |
| F                         |  | (e) Transfer of gif                           | [  |  |  |  |
|                           |  |   |  |  |  |  |
| -                         | Transferee's name, address, a  | nd ZIP + 4                                    | Relationship of transferor to transferee                                 |  |  |  |
|                           |  | [   |  |  |  |  |
|                           |  |   |  |  |  |  |
| (a) No.                   |  |   |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift                               | (d) Description of how gift is held                                      |  |  |  |
| Fatt                      |  |   |  |  |  |  |
|                           |  |   |  |  |  |  |
|                           |  |   |  |  |  |  |
| -                         |  | (e) Transfer of gif                           | ft   |  |  |  |
|                           |  |   |  |  |  |  |
| -                         | Transferee's name, address, a  | nd ZIP + 4                                    | Relationship of transferor to transferee                                 |  |  |  |
|                           |  |   |  |  |  |  |
|                           |  |   |  |  |  |  |
| (a) No.                   |  |   |  |  |  |  |
| from<br>Part I            | (b) Purpose of gift  | (c) Use of gift                               | (d) Description of how gift is held                                      |  |  |  |
|                           |  |   | [  |  |  |  |
|                           |  |   | [  |  |  |  |
|                           |  |   |  |  |  |  |
|                           | (e) Transfer of gift   |   |  |  |  |  |
|                           |  |   | Relationship of transferor to transferee                                 |  |  |  |
| -                         | Transferee's name, address, and ZIP + 4  |   |  |  |  |  |
|                           |  |   |  |  |  |  |
|                           |  | [   |  |  |  |  |
| (a) No.<br>from           |  |   |  |  |  |  |
| Part I                    | (b) Purpose of gift  | (c) Use of gift                               | (d) Description of how gift is held                                      |  |  |  |
|                           |  |   |  |  |  |  |
|                           |  |   |  |  |  |  |
| Ļ                         |  |   |  |  |  |  |
|                           | (e) Transfer of gift   |   |  |  |  |  |
|                           | Transferee's name, address, a  | nd ZIP + 4                                    | Relationship of transferor to transferee                                 |  |  |  |
| Γ                         |  |   |  |  |  |  |
|                           |  |   |  |  |  |  |
|                           |  |   |  |  |  |  |
| 123454 11-11-2            | 21   |   | Schedule B (Form 990) (202   |  |  |  |

### 11151114 131839 027-036654

SCHEDULE O (Form 990)

Name of the organization

#### 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

SWAYAM KRISHI SANGAM FOUNDATION

Employer identification number 36 - 4349951

AMOUNT:

### FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

CAPITAL GAIN21,250.DIVIDEND INCOME1,722.TAX EXEMPT DIVIDEND INCOME879.NONDIVIDEND DISTRIBUTIONS565.TOTAL INCLUDED ON FORM 990-EZ, LINE 424,416.

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION: COMMUNITY

GRANTEE NAME: KENNETH YOUNG CENTER

GRANTEE ADDRESS: 1001 ROHLWING ROAD ELK GROVE VILLAGE, IL 60007

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

ACTIVITY CLASSIFICATION: COMMUNITY

GRANTEE NAME: LOS ANGELES LEADERSHIP FOUNDATION

GRANTEE ADDRESS: 2670 GRIFFIN AVENUE LOS ANGELES, CA 90031

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

### ACTIVITY CLASSIFICATION: COMMUNITY

### GRANTEE NAME: SWAYAM KRISHI SANGAM

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

18

2021.05000 SWAYAM KRISHI SANGAM FOUN 027-0361

Schedule O (Form 990) 2021

100.

1,049.

| Name of the organization SWAYAM KRISHI SANGAM FOUNDATION   |        | er identif<br>43499 | ication number |
|--|--------|---------------------|----------------|
| GRANTEE ADDRESS: UNIT 4B, SPACES & MORE BUSINESS PARK@GACH | IIBOWL | I # 2               | , PLOT         |
| RANGA REDDY DISTRICT, INDIA                                |        |                     |                |
| GRANTEE RELATIONSHIP: N/A                                  |        |                     |                |
| PROPERTY DESCRIPTION: CASH                                 |        |                     |                |
| AMOUNT GIVEN:  |        |                     | 2,000.         |
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10                     |        |                     | 3,149.         |
| FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:              |        |                     |                |
| DESCRIPTION OF OTHER EXPENSES:                             |        | AMC                 | OUNT :         |
| INVESTMENT FEE   |        |                     | 1,709.         |
| FOREIGN TAX PAID   |        |                     | 12.            |
| BANK FEES  |        |                     | 555.           |
| ADVERTISING/PROMOTIONAL                                    |        |                     | 9,066.         |
| COMPUTER & SOFTWARE EXPENSE                                |        |                     | 9,789.         |
| LICENSE & TAXES  |        |                     | 2,145.         |
| OFFICE EXPENSE   |        |                     | 3,021.         |
| OTHER PROFESSIONAL FEES                                    |        |                     | 172.           |
| PROGRAM EXPENSE  |        |                     | 313.           |
| EDUCATION EXPENSE  |        |                     | 3,650.         |
| TOTAL TO FORM 990-EZ, LINE 16                              |        |                     | 30,432.        |
| FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:          |        |                     |                |
| DESCRIPTION BEG. OF Y                                      | ZEAR   | END                 | OF YEAR        |
| SBA LOAN   | 0.     |                     | 43,900.        |
| FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFI | T CON  | TRACT               | 'S:            |
| THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUN | NDS, D | IRECT               | 'LY,           |
| OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTR |        | adula C             | (Earm 000) 000 |
| 132212 11-11-21<br>19                                      | Sch    |                     | (Form 990) 20  |

| Schedule O (Form 990) 2021<br>Name of the organization<br>SWAYAM KRISHI SANGAM FOUNDATION | Page 2<br>Employer identification number<br>36-4349951 |
|---|--|
| THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREM                                  | IUMS, DIRECTLY,  |
| OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.  |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   | Schedule O (Form 990) 202 <sup>-</sup>                 |