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

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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 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 or 10a below, and the amore whichever is applicable, bit than one line in Part I.	r dollars and cents. For all c ount on that line for the retu ank (do not enter -0-). But, i	his Form 8879-TE and enter the ap ther forms, enter whole dollars only rn being filed with this form was bla f you entered -0- on the return, ther	If you check the box on lir ank, then leave line 1b, 2b, a enter -0- on the applicable	ne 1a, 2a, 3a, 4 3b, 4b, 5b, 6b, line below. Do	ła, 5a, 6a, 7a, 8a, 9a 7b, 8b, 9b, or 10b, not complete more
1a Form 990 check h		tal revenue, if any (Form 990, Part		1b	
2a Form 990-EZ che		tal revenue, 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		x due (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 payment of taxes to receiv personal identification num PIN: check one box only	prior to the payment (settle e confidential information n ber (PIN) as my signature f	To revoke a payment, I must conta ment) date. I also authorize the fina ecessary to answer inquiries and re or the electronic return and, if appli	ancial institutions involved in esolve issues related to the icable, the consent to electr	n the processing payment. I have onic funds witho	g of the electronic e selected a drawal.
X I authorize CL	IFTONLARSONALI		to	enter my PIN	
		ERO firm name		Er d	nter five numbers, but o not enter all zeros
with a state age on the return's c As an officer or return. If I have i	ncy(ies) regulating charities lisclosure consent screen. person subject to tax with r ndicated within this return t	onically filed return. If I have indicat as part of the IRS Fed/State progra espect to the entity, I will enter my hat a copy of the return is being file on the return's disclosure consent s	am, I also authorize the afore PIN as my signature on the ed with a state agency(ies) re	ementioned ERC tax year 2021 e	D to enter my PIN 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 Do not enter all zeros		
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		lust Retain This Form - Se This Form to the IRS Unles		 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			_	
 If the is If this box 1 I reaction the 2 If the 	none No. ► 201-314-2464 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► equest an automatic 6-month extension of time until organization named above. The extension is for the org X calendar year 2021 or tax year beginning tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta NOVEN anization's , an heck rease	mption Number (GEN), I ch a list with the names and TINs of IBER 15, 2022 , to file return for: d ending on: Initial return	f this is fo all memb	r the whole gr ers the extens	ion is for.	
	nis application is for Forms 990-PF, 990-T, 4720, or 6069 / nonrefundable credits. See instructions.), enter the	tentative tax, less	3a	\$	0.	
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: instruction	If you are going to make an electronic funds withdrawal 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 Under section 501(c), 527, or 4947(c)(1) of the Internal Revenue Code (except private foundations) > Do not enter social security numbers on this form, as it may be made public. > Go to www.irs.gov/Form990EZ for instructions and the latest information. 2021 Deast test of 10 Test prime Revenue Scale and the task information. > Do not enter social security numbers on this form, as it may be made public. > Go to www.irs.gov/Form990EZ for instructions and the latest information. Deast by builting and ending Test of 201 calledear year, or tax year beginning with the and security and the form social security number is an ending Deast by builting and ending Social 4249951 Wark AM KRISHI SANGAM FOUNDATION 36 - 43249951 Social - 2464 Social - 2464 Access of Cont. United security and Profine Control, and Profine forming to the set address) Poroug-board Bood E 2013-1314-2464 Social - 2464 Access of Cont. United security and Profine Control, and Profine forming to the set address) Bood E 2013-1314-2464 Social - 2464 Access of Cont. United security and Profine Control, and Profine forming to the set address of the security and Profine Control, and Profine Con				EXTENDED TO NOVEM 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	.9 (90-EZ			=ra	om Incom	e Ta	эх	
Do not enter social security numbers on this form, as it may be made public. Lo to www.irs.gov/Form990EZ for instructions and the latest information. Open to Public Inspection A For the 2021 calendar year, or tax year beginning and ending Employer identification number SwaAvAM KRISHI SANGAM FOUNDATION SwaAvAM KRISHI SANGAM FOUNDATION Wearback Secondary SwaAvAM KRISHI SANGAM FOUNDATION SwaAvAM KRISHI SANGAM FOUNDATION SwaAvAM KRISHI SANGAM FOUNDATION Member and street (or PL box if mail is and dileved to street address) Roomisute Character (or DL box if mail is and dileved to street address) Roomisute LongBOAT KEV, FL 34228 LONGBOAT KEV, FL 34228 LONGBOAT KEV, FL 34228 LongBOAT CLUB ROAD LongBOAT KEV, FL 340208 LongBOAT KEV, FL 340208 Lacket (block divine) StSSPOUNDATION, ORG Lacket (block divine) St				•	-					2021
Present of the Treasury Interest Reserve Servers ▲ Go to www.irs.gov/Form990E2 for instructions and the latest information. Upen to Public 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 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.									
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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			
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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, column (B) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part II 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 I 1 Contributions, gifts, grants, and similar amounts received 1 Contributions, gifts, grants, and similar amounts received 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including overmment fees and contracts 3 Membership dues and assessments. 4 Investment income 5 Gaross amount from sale of assets other than inventory b Less; cost or other basis and sales expenses C Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 6 Garinor (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 6 Garinor from fundraising events; a Gross income from qaming (attach Schedule G if greater than \$15,000] b Cross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000] c Less; cost of groots from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 a Gross sales of inventory, less returns and allowances 4 Untervenue. (describe in Schedule 0) 5 B to ers: cost of groots old 7 a Gross sales of inventory (subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 1 1 Benefits paid to or for members 1 2 Calarise, other compensation, and employee benefits 1 2 Calarise, other compensation, and employee benefits 1 3 4223, 5899. 1 4 0 Cupancy, rent, utilities, and maintenance 1 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								I (
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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)) (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)) (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	art II 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) 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 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) 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	(d) Hea contri	alth benefits, butions to	(e) Estimated
	(a) Name and title	per week devoted to position	W-2/1099-MISC/	emplo	yee benefit and deferred	amount of other 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.
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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 Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0	36		X
		• 37b		x
	Did the organization file Form 1120-POL 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 38b 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 D .			
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 List the states with which a copy of this return is filed NONE	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 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 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)

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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) 2 If "Vec " or	mnlata Schar	 Ιμίο Ε			47 48	X
	rganization make any transfers to an exen						40 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 W-2/1099-MISC/	contributions to 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." Name and business address of each indep KAY	endent contractor		(b) Type of service	(c) C	ompensati	on
	ST. #11F, BROOKLYN	, NY 11201		TUTOR			188,9	919.
d Total nur	nber of other independent contractors eac	h receiving over \$100,000			>			0
	rganization complete Schedule A? Note: /							
complete	ed Schedule A		<u></u>	<u></u>		> 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	`
eparer	DANIEL STANLEY Firm's name ► CLIFTONLAR	DANIEL STAI	лпет	11/14		<u> ₽013</u> ▶ 41-074	75739	,
se Only	Firm's address > 1301 WEST		GIITUL	E 1100			<u>6749</u> 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 Internal Revenue Service				 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 					Open to Public 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 sect	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			U .	
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		Type I. 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. You must c	complete Part IV, Se	ections A and B.					
b		Type II. 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). You mus	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	v .		
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 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		•		.		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(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) 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	%
1 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	33 1/3% support test - 2020. If the o						
	and stop here. 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	ere. 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

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11151114 131839 027-036654

SWAYAM KRISHI SANGAM FOUNDATION

1

Yes No

Part IV Supporting Organizations

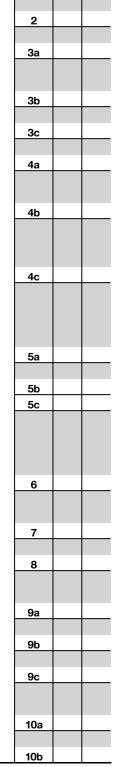
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

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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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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
 ...

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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 (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 (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

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Schedule A (Form 990) 2021

SWAYAM KRISHI SANGAM FOUNDATION

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instructions).

Schedule A	(Form 990) 2021	
		_

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	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) Excess Distributions	(ii) Underdistributior Pre-2021	IS	(iii) Distributable 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

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	(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 part for any additional information.	с, t V,
Part VI	(Form 990) 2021 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; ⁄, 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 not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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.

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2021.05000 SWAYAM KRISHI SANGAM FOUN 027-0361

		Person A
1 RIVERVIEW RD	\$ 8,000.	Payroll 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 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)
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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 Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) 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)

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(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 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. from 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 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. 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			

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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.

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2021.05000 SWAYAM KRISHI SANGAM FOUN 027-0361

Schedule O (Form 990) 2021

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1,049.

Name of the organization SWAYAM KRISHI SANGAM FOUNDATION		er identif 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 19	Sch		(Form 990) 20

Schedule O (Form 990) 2021 Name of the organization SWAYAM KRISHI SANGAM FOUNDATION	Page 2 Employer identification number 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 ⁻