** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

ΑF	or th	e 2022 calendar year, or tax year beginning		and	ending		
B (Check if applicab	C Name of organization				D Employer identifi	cation number
	Addre	e SWAYAM KRISHI SANGAM FOU	UNDATIO	N]	
	Name	Doing business as				36-43499	51
	□Initial □return □Final	•	ered to street ac		Room/suite	E Telephone numbe	
	return termin ated)_			806	201-314-	
	ated □Amen		P or foreign p	ostal code		G Gross receipts \$	218,923.
F	return	LUNGBUAL REI, FL 34220	336 377777	3		H(a) Is this a group re	
	Application pendi					for subordinates	
_		775 LONGBOAT CLUB RD., ST				H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ()	(insert no.) L	4947(a)(1)	or 527	7	list. See instructions
	Nebsi		aciation 🗔	Othor	I. v	H(c) Group exemptio	
	orm o	f organization: X Corporation Trust Asso Summary	ociation	Other	L Year	of formation: 2002	M State of legal domicile; FL
1 6	_	-		CVC	EULINDA	TON'C MICC	TON TO TO
ø	1	Briefly describe the organization's mission or most si SUPPORT CHARITABLE ENDEAVOR					
Governance							
ern	2	Check this box if the organization disconti	=	-			sets.
30	3	Number of voting members of the governing body (P	, ,			3	3
	'	Number of independent voting members of the government of the gove					0
ties	5	Total number of individuals employed in calendar year					0
Activities &	6	Total number of volunteers (estimate if necessary)					0.
Ac		Total unrelated business revenue from Part VIII, colur Net unrelated business taxable income from Form 99					0.
	"	THE UTITE ALCOHOL DUSINESS LAXABLE INCOME NOM FORM 95	90-1, Fart 1, IIII	e II		Prior Year	Current Year
ine	8	Contributions and grants (Part VIII, line 1h)				116,083.	159,000.
	9					0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, a				24,416.	870.
Be	11	Other revenue (Part VIII, column (A), lines 5, 4, a				0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Pa				140,499.	
_	13	Grants and similar amounts paid (Part IX, column (A),				3,149.	31,054.
	14	Benefits paid to or for members (Part IX, column (A),				0.	0.
	45	Salaries, other compensation, employee benefits (Pa				0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line				423,589.	0.
ben	b	Total fundraising expenses (Part IX, column (D), line 2			0.	.,	
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 1	, <u> </u>			30,432.	7,371.
		Total expenses. Add lines 13-17 (must equal Part IX,				457,170.	38,425.
	19	Revenue less expenses. Subtract line 18 from line 12		,		-316,671.	121,445.
or es					Be	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)				66,822.	183,891.
ASS	21	Total liabilities (Part X, line 26)				43,900.	43,876.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from lir	ne 20			22,922.	140,015.
Pa	art II	Signature Block					
		alties of perjury, I declare that I have examined this return, in					/ knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer)	is based on all	information of w	hich preparer	has any knowledge.	72022
		Vibram Abula				11/11/	2023
Sig	n	Signature of officer 4				Date	
Her	e		RECTOR				
		Type or print name and title				Data I E	- I DTIN
			Preparer's signa			Date Check	PTIN
Paid			ANIEL S	TANLEY		1/11/23 self-employ	<u> </u>
-	arer	Firm's name CLIFTONLARSONALLEN		0.0		Firm's EIN 4	1-0746749
Use	Only	Firm's address 2021 SPRING ROAD,		UU			20) 572 0600
		OAK BROOK, IL 60523				Phone no. (6	30) 573-8600 X Ves No
11/1/21	, tha l	as alectice this return with the preparer chown above	ו וnetri בסביע	ione			I A I VAC I INA

	990 (2022) SWAYAM KRISHI SANGAM FOUNDATION	36-4349951	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		_
	SKS FOUNDATION'S MISSION IS TO SUPPORT CHARITABLE ENDEAVO	ORS IN A WID	<u>E</u>
	RANGE OF SECTORS FROM ECONOMIC DEVELOPMENT TO EDUCATION T	ro health.	
	FOUNDED AS AN INDEPENDENT NONPROFIT IN 1999, SKS FOUNDAT:		
	24-YEAR HISTORY OF SUPPORTING CHARITABLE ORGANIZATIONS WO	DKKING IO	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
•			XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	tes	A NO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s the total expenses a	nd
	revenue, if any, for each program service reported.	5, 11.10 101al 07.p011000, al	
4a	(Code:) (Expenses \$)
	SKS FOUNDATION'S MISSION IS TO SUPPORT CHARITABLE ENDEAVO	<u>ORS IN A WID</u>	<u>E</u>
	RANGE OF SECTORS FROM ECONOMIC DEVELOPMENT TO EDUCATION T	ro health.	IN
	2022, SKS FOUNDATION DECIDED TO CONTINUE ITS PRIOR YEAR I		
	·		
	EDUCATION, ESPECIALLY IN LIGHT OF THE SEVERE LEARNING LOS		
	RESULTED FROM THE 2020 PANDEMIC. AS SUCH, THE SKS FOUNDAY		
	IDENTIFIED AND AWARDED GRANTS TO TWO SCHOOLS THAT WERE MA	AKING A	
		HE CHARTER	
	INNER-CITY EAST LA AND THE BODHI SCHOOL, SERVING STUDENTS	S IN A REMOT	E ,
	DROUGHT-PRONE REGION OF SOUTH INDIA. ALONGSIDE SUPPORT FO	OR THESE	
	SCHOOLS, SKS FOUNDATION ALSO IDENTIFIED TWO UNIVERSITIES	IN CALIFORN	TA
	AND PROVIDED SUPPORTIVE GRANTS TO THESE TWO UNIVERSITIES		
4b	(Code:) (Expenses \$	ue \$)
	-		
4c	(Code:) (Expenses \$.e \$)
	-		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4.	33 242		

Form **990** (2022)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	⊢ ′		
Ü	, ,	8		X
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	 		1
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u>. </u>		<u> </u>
.5	·	19		x
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	• •	20a 20b		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
000000	•			(2022)
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Page 4

	Continued)			
00	Did the considering and the first open through the first open through the second open through the first individual to		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			X
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	0.7		x
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		A
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			3,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		1
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		\vdash
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-30		
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	ļ .		
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	1
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
232004	4 12-13-22	Form	990	(2022)

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	r-		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
b		5c		
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
va	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		_X_
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> X</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
^	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	44-		X
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Ves " has it filed a Form 720 to report these payments? If "Ne " provide an explanation on School of Community of o	14a 14b		
15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
·	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
232005	12-13-22	Form	990	(2022)

232005 12-13-22

Form 990 (2022)

SWAYAM KRISHI SANGAM FOUNDATION

36-4349951

Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 3 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

Form **990** (2022)

LONGBOAT KEY

806,

State the name, address, and telephone number of the person who possesses the organization's books and records

statements available to the public during the tax year.

VIKRAM AKULA - 201-314-2464

775 LONGBOAT CLUB ROAD APT. NO.

Form 990 (2022)

SWAYAM KRISHI SANGAM FOUNDATION

36-4349951

<u> Page</u> **7**

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than or oox, unless person is both a officer and a director/truste		an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) VIKRAM AKULA EXECUTIVE DIRECTOR	1.00	Х		х				0.	0.	0
(2) CONRAD LARSEN	0.10	Λ		^				0.	0.	0.
SECRETARY	0.10	х		х				0.	0.	0.
(3) DOMINIQUE GODAT	0.10							-		
TREASURER		Х		Х				0.	0.	0.

Form 990 (2022)

Form 990 (2022) SWAYAM KE	RISHI SA	NG	ΑM	F	OU	ND	RΤ	ION	36-43	3499	51	Pag	e 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box,	not c	ss per	ition more rson is	l than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	- 1	Est am	(F) imated ount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s	comp fro orga and	pensation om the unization related	n I
1b Subtotal c Total from continuation sheets to Part VI								0.		0.		(0. 0.
d Total (add lines 1b and 1c)	ot limited to th						o re		000 of reportable	-			0
Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated emp	loyee on			Yes N	No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su	uch individual										3	2	X
and related organizations greater than \$150Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om	any	unre	late	ed organization or individ	dual for services		4		X
rendered to the organization? <i>If</i> "Yes," com Section B. Independent Contractors	plete Schedule	e J fo	or su	ıch r	oers	on .					5	2	X
Complete this table for your five highest countries the organization. Report compensation for the organization.	=	-							· · · · · · · · · · · · · · · · · · ·	ensati	on froi	m	
(A) Name and business	_		ONE		itir C	71 4410		(B) Description of s		Co	(C) ompen		
Total number of independent contractors (ii \$100,000 of componentian from the organic	· ·	ot lin	nited	d to t	thos		ted	above) who received mo	ore than				

Form 990 (2022) SWAYAM
Part VIII Statement of Revenue

SWAYAM KRISHI SANGAM FOUNDATION

		Check if Schodule O centains a	rooponeo o	r noto to any lin	o in this Dort VIII			
		Check if Schedule O contains a	response of	r note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
					Total Tovolido		business revenue	from tax under
								sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
ran	b	Membership dues	1b					
Ω.Ε	С	Fundraising events	1c					
fts		Related organizations	1d					
<u>e</u> id		Government grants (contributions)	1e					
Contributions, Gifts, Grants and Other Similar Amounts								
utic er	т	All other contributions, gifts, grants, and		E0 000				
듗됨		similar amounts not included above		L59,000.				
dat	g	Noncash contributions included in lines 1a-1f	1g \$		450 000			
<u>Q g</u>	h	Total. Add lines 1a-1f			159,000.			
				Business Code				
ø	2 a							
Š	b							
Ser	С							
Z S	d							
gra Re	u							
Program Service Revenue	e							
ъ.		All other program service revenue	<u> </u>					
	g	Total. Add lines 2a-2f						
	3	Investment income (including divide	ends, interes	t, and				
		other similar amounts)			4,693.			4,693.
	4	Income from investment of tax-exen	npt bond pro	oceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a						
		Less: rental expenses 6b						
	C							
				/:·\ O!!				
	7 a		Securities	(ii) Other				
		assets other than inventory 7a 55	5,230.					
	b	Less: cost or other basis						
ne		and sales expenses	053.					
en	С	Gain or (loss) 7c -3	3,823.					
Revenue		Net gain or (loss)			-3,823.			-3,823.
e		Gross income from fundraising events (,			•
Ğ	0 4	including \$	of					
		contributions reported on line 1c). S	-					
		•						
		Part IV, line 18						
	b	Less: direct expenses						
	С	Net income or (loss) from fundraisin						
	9 a	Gross income from gaming activitie						
		Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming ad	ctivities					
		Gross sales of inventory, less return						
		and allowances						
	h	Less: cost of goods sold						
\dashv	С	Net income or (loss) from sales of in						
<u>0</u>				Business Code				
on e	11 a							
ane	b							
Miscellaneous Revenue	С							
isc B	d	All other revenue						
2		Total. Add lines 11a-11d						
		Total revenue. See instructions			159,870.	0.	0.	870.

232009 12-13-22

Form **990** (2022)

Page 9

Part IX | Statement of Functional Expenses

04											
Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX										
		se or note to any line in t	this Part IX	(C)							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	28,054.	28,054.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
•	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16	3,000.	3,000.								
4		3,000.	3,000.								
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (nonemployees):										
а	Management										
b	Legal										
С	Accounting										
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees	785.		785.							
g	Other. (If line 11g amount exceeds 10% of line 25,										
J	column (A), amount, list line 11g expenses on Sch O.)	2,188.	2,188.								
12	Advertising and promotion	794.		794.							
13	Office expenses	395.		395.							
14	Information technology										
15	Royalties										
16	Occupancy										
17	Travel										
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings				_						
20	Interest	2,420.		2,420.	-						
21	Payments to affiliates	,		,							
22	Depreciation, depletion, and amortization				_						
23	Insurance										
24	Other expenses. Itemize expenses not covered										
•	above. (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)										
а	LICENSE & TAXES	637.		637.							
b	BANK FEES	142.		142.							
C	FOREIGN TAX PAID	10.		10.							
d											
e	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	38,425.	33,242.	5,183.	0.						
26	Joint costs. Complete this line only if the organization	00,120.		3,100.	<u>``</u>						
_0	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
	[ii loilowing doi: 30-2 (/100 300-120)			L	000						

Pai	rt X	Balance Sheet			<u> </u>
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	66,822.	1	13,250.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
		Less: accumulated depreciation		10c	170 (41
	11	Investments - publicly traded securities		11	170,641.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	183,891.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16 17	103,091.
	17 18	Accounts payable and accrued expenses		18	
	19	Grants payable Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
"	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons		22	
<u>"</u>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	43,876.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	43,900.	26	43,876.
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
<u>la</u>	27	Net assets without donor restrictions	***	27	
Ä	28	Net assets with donor restrictions		28	
ů		Organizations that do not follow FASB ASC 958, check here			
F.		and complete lines 29 through 33.	0		0
ş	29	Capital stock or trust principal, or current funds		29	0.
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund	00 000	30	140 015
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	140,015. 140,015.
ž	32	Total lichilities and not seed for the balances		32	183,891.
	33	Total liabilities and net assets/fund balances	00,022•	33	

Form **990** (2022)

		349951	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	159		
2	Total expenses (must equal Part IX, column (A), line 25)		, 42	
3	Revenue less expenses. Subtract line 2 from line 1	121		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	22	,92	<u> 22.</u>
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments 8	- 4	, 35	<u>52.</u>
9	Other changes in net assets or fund balances (explain on Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B)) 10	140	,01	L5.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	За		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name	of the organization						Employer	identification number		
			SANGAM FOUNDA					6-4349951		
Part	I Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	ıs.			
The or	rganization is not a private found	dation because it is: (For lines 1 through 12, cl	neck only	one box.)					
1	A church, convention of ch	urches, or association	on of churches described	in sectio	n 170(b)(1	I)(A)(i).				
2	A school described in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Form	990).)						
з [A hospital or a cooperative	hospital service orga	anization described in se	ction 170	(b)(1)(A)(ii	ii).				
4	A medical research organiz	zation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
	city, and state:									
5	An organization operated f	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in		
	section 170(b)(1)(A)(iv).	Complete Part II.)								
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
	section 170(b)(1)(A)(vi). (C	Complete Part II.)								
8	A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Part	II.)						
9	An agricultural research or	ganization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	ınction with a	land-grant	college		
	or university or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	or		
	university:									
10	X An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
	activities related to its exer	npt functions, subjec	ct to certain exceptions; a	nd (2) no	more than	33 1/3% of it	s support f	rom gross investment		
	income and unrelated busi	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.		
	See section 509(a)(2). (Co	mplete Part III.)								
11	An organization organized	and operated exclus	ively to test for public saf	ety. See	section 50	09(a)(4).				
12	An organization organized	and operated exclus	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	rganizations describe	ed in section 509(a)(1) o	section	509(a)(2).	See section	509(a)(3). (Check the box on		
	lines 12a through 12d that	describes the type of	of supporting organization	and com	plete lines	12e, 12f, and	l 12g.			
а	Type I. A supporting org	anization operated, s	supervised, or controlled	oy its supp	oorted org	anization(s), t	ypically by	giving		
	the supported organizati	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting		
	organization. You must	complete Part IV, Se	ections A and B.							
b	Type II. A supporting org	ganization supervised	d or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving		
	control or management of	of the supporting org	anization vested in the sa	me perso	ns that co	ntrol or mana	ge the supp	ported		
	organization(s). You mus	st complete Part IV,	Sections A and C.							
С	Type III functionally inte	egrated. A supportin	g organization operated	n connect	tion with, a	and functional	ly integrate	ed with,		
	its supported organization	on(s) (see instructions	s). You must complete F	Part IV, Se	ections A,	D, and E.				
d	Type III non-functional	y integrated. A supp	porting organization oper	ated in co	nnection w	vith its suppor	ted organiz	zation(s)		
	that is not functionally in	tegrated. The organiz	zation generally must sati	sfy a distr	ibution rec	quirement and	l an attentiv	/eness		
	requirement (see instruct	tions). You must cor	mplete Part IV, Sections	A and D,	and Part	V.				
е	Check this box if the org	anization received a	written determination from	n the IRS	that it is a	Type I, Type	II, Type III			
	functionally integrated, o	* *	nally integrated supporting	ng organiz	ation.					
	Enter the number of supported	•								
<u>g</u>	Provide the following informatio (i) Name of supported	n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	f monoton/	(vi) Amount of other		
	organization	(11) = 114	(described on lines 1-10	in your govern	ing document?	support (see in	•	support (see instructions)		
	0.94.1124.1011		above (see instructions))	Yes	No	Cappert (CCC II		cappert (coo moti deticito)		
		1	1		i .	I		Ī		

36-434<u>9951 Page 2</u>

Dart II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
I alt II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
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.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
800	organization, check this box and stor						
	etion C. Computation of Publi			(6)			
	Public support percentage for 2022 (I					14	<u>%</u>
	Public support percentage from 2021					15	<u>%</u>
юа	33 1/3% support test - 2022. If the content have The expenientian qualifies	-					
L	stop here. The organization qualifies 33 1/3% support test - 2021. If the o		-			or more check thi	
D		-					
17^	and stop here. The organization qual 10% -facts-and-circumstances test					and line 14 is 10% (
11 d	and if the organization meets the fact						
	meets the facts-and-circumstances te			=	•	viriow the organization	
h	10% -facts-and-circumstances test	· ·	•			17a and line 15 is 1	
b	more, and if the organization meets the	-					1070 OI
	organization meets the facts-and-circu						
18	Private foundation. If the organization				•		
		sia not oncon a i	25.(5.) 10 10, 10	<u>., , . , . , . , . , . , . , . </u>	, 51100K 1110 00K 11		(Form 990) 2022

36-4349951 Page 3

Schedule A (Form 990) 2022 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 be Section A. Public Support	elow, please compl	lete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and		. ,	,	,	, ,	.,
membership fees received. (Do not						
include any "unusual grants.")	99,356.	76,750.	143,167.	116,083.	159,000.	594,356.
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
4 Tax revenues levied for the organ- ization'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						
6 Total. Add lines 1 through 5	99,356.	76,750.	143,167.	116,083.	159,000.	594,356.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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	02.475					02 475
amount on line 13 for the year	83,475.					83,475.
c Add lines 7a and 7b	03,4/3.					83,475.
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						310,001.
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	99,356.	76,750.	143,167.	116,083.	159,000.	594,356.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			10,314.	24,417.	4,693.	39,424.
b Unrelated business taxable income (less section 511 taxes) from businesses						
c Add lines 10a and 10b			10,314.	24,417.	4,693.	39,424.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on			10,011	21,21,0	270333	
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	99,356.	76,750.	153,481.	140,500.	163,693.	633,780.
14 First 5 years. If the Form 990 is for the	ne organization's fire	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
Section C. Computation of Publ	ic Support Perc	centage				
15 Public support percentage for 2022 (line 8, column (f), di	vided by line 13, c	olumn (f))		15	80.61 %
16 Public support percentage from 2021					16	78.21 %
Section D. Computation of Inves	stment Income	Percentage				
17 Investment income percentage for 20					17	6.22 %
18 Investment income percentage from					18	6.40 %
19a 33 1/3% support tests - 2022. If the						
more than 33 1/3%, check this box at b 33 1/3% support tests - 2021. If the						nd
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	on did not check a t	oox on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	

Т..

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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")? |f "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?
- 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).
- 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.)

	Yes	No
1		
2		
За		
- Ou		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
33		
10a		
10b		

232024 12-09-22

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

these activities but for the organization's involvement.

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.

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

Schedule A (Form 990) 2022

2b

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	dule A (Form 990) 2022 SWAYAM KRISHI SANGAM FOU	-		36-4349951 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying to	trust on	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplete	Sections A through E.	
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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		

Schedule A (Form 990) 2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

36-4349951 Page 7 SWAYAM KRISHI SANGAM FOUNDATION Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3i and 4c. 8 Breakdown of line 7:

Schedule A (Form 990) 2022

a Excess from 2018
 b Excess from 2019
 c Excess from 2020
 d Excess from 2021
 e Excess from 2022

Schedule A	(Form 990) 2022	SWAYAM	KRISHI	SANGAM	FOUNDATION	36-4349951 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Pro , 2, 3b, 3c, 4b, lines 2 and 3; I	vide the expla 4c, 5a, 6, 9a, Part IV, Sectio	nations require 9b, 9c, 11a, 1 n E, lines 1c, 2	ed by Part II, line 10; P 1b, and 11c; Part IV, S 2a, 2b, 3a, and 3b; Par	art II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section C, t V, line 1; Part V, Section B, line 1e; Part V, t for any additional information.
	(See instructions.)					,

Schedule A (Form 990) 2022

__SCLOSURE COPY **

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

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

2022

Name of the organization

Employer identification number

SWAYAM KRISHI SANGAM FOUNDATION 36-4349951

Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 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							
	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
-	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
sections 509(a) contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under $I(1)$ 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 ring 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; D-EZ, line 1. Complete Parts I and II.							
contributor, du literary, or educ	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, cational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering in (b) instead of the contributor name and address), II, and III.							
year, contributi is checked, ent purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively table, etc., contributions totaling \$5,000 or more during the year\$							
	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

	. 495
Name of organization	Employer identification number
SWAYAM KRISHI SANGAM FOUNDATION	36-4349951

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

223452 11-15-22

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

SWAYAM KRISHI SANGAM FOUNDATION 36-4349951

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(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
		- - - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** 36-4349951 SWAYAM KRISHI SANGAM FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047
2022

Open to Public Inspection

Name of the organization SWAYAM KR	ISHI SANG	AM FOUNDATI	ON				Employer identification number $36-4349951$			
Part I General Information on Grants a						•				
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
LOS ANGELES LEADERSHIP ACADEMY 2670 GRIFFIN AVE LOS ANGELES, CA 90031	95-4862553	501(C)3	10,000.	0.			EDUCATION			
SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA, CA 95053	94-1156617	501(C)3	10,000.	0.			EDUCATION			
STANFORD P.O. BOX 20466 STANFORD, CA 94309	94-1156365	501(C)3	5,000.	0.			EDUCATION			
 2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations 	-						3.			

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

Schedule I (Form 990) 2022

Schedule I (Form 990	O) 2022 SWAYAM KRISHI S		36-4349951	Page 2			
Part III Grants a	and Other Assistance to Domestic Individuals an be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
(2) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash a	ssistance
Part IV Supplen	nental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, column	n (b); and any other ac	dditional information.		

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Open to Public Go to www.irs.gov/Form990 for the latest information. Inspection

Name of the organization

SWAYAM KRISHI SANGAM FOUNDATION

Employer identification number 36-4349951

OMB No. 1545-0047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ECONOMIC DEVELOPMENT TO EDUCATION TO HEALTH. FOUNDED AS AN INDEPENDENT NONPROFIT IN 1999, SKS FOUNDATION HAS A 24-YEAR HISTORY OF SUPPORTING CHARITABLE ORGANIZATIONS WORKING TO IMPROVE THE LIVES OF PEOPLE. IN THE SKS FOUNDATION HAS SUPPORTED MANY CHARITIES, MOST NOTABLY IN THE FIELD OF MICROFINANCE PROVIDING SMALL LOANS TO LOW-INCOME WOMEN IN INDIA SO THAT THEY CAN START MICRO-ENTERPRISES AND ENHANCE ECONOMIC WELL-BEING. IN 2022, SKS FOUNDATION FOCUSED ON IMPROVING EDUCATION, GAVE GRANTS TO SCHOOLS SERVING LOW-INCOME STUDENTS (IN INNER-CITY LOS ANGELES AS WELL AS IN A REMOTE RURAL REGION OF SOUTH INDIA) AND TO TWO UNIVERSITIES IN CALIFORNIA.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IMPROVE THE LIVES OF PEOPLE. IN THE PAST, SKS FOUNDATION HAS SUPPORTED MANY CHARITIES, MOST NOTABLY IN THE FIELD OF MICROFINANCE PROVIDING SMALL LOANS TO LOW-INCOME WOMEN IN INDIA SO THAT THEY CAN START MICRO-ENTERPRISES AND ENHANCE ECONOMIC WELL-BEING. IN 2022, SKS FOUNDATION FOCUSED ON IMPROVING EDUCATION, AND GAVE GRANTS TO SCHOOLS SERVING LOW-INCOME STUDENTS (IN INNER-CITY LOS ANGELES AS WELL AS IN A REMOTE RURAL REGION OF SOUTH INDIA) AND TO TWO UNIVERSITIES IN CALIFORNIA.

AND WORKING NATIONALLY, WE'RE A SMALL AND WITH AN OFFICE IN FLORIDA, AMBITIOUS ORGANIZATION THAT GETS THINGS DONE. WE DREAM BIG ABOUT A DIFFERENT WORLD IN WHICH ALL PEOPLE HAVE ECONOMIC AND EDUCATIONAL OPPORTUNITIES.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022			Page 2
Name of the organization SWAYAM	KRISHI SANGAM FOUNDA	TION	Employer identification number 36-4349951
TODY 000 DADE III GE	GET ON D. I THE 11D		
FORM 990, PART VI, SE	CTION B, LINE IIB:		
COPY OF THE 990-TAX FORM RETURN IS PROVIDED TO THE BOARD MEMBERS TO REVIEW			
PRIOR TO FILING. THE 990-TAX FORM RETURN IS THEN FILED PER THE INTERNAL			
REVENUE SERVICE'S COD	ES ON FILING.		
FORM 990, PART VI, SE	CTION C, LINE 19:		
THE SWAYAM KRISHI SAN	GAM FOUNDATION'S FIN	ANCIAL STATEMENTS	ARE KEPT ON FILE
AND ARE AVAILABLE ON	REQUEST FOR THE PUBL	IC TO REIVEW AND	THE MOST RECENT 5
YEARS OF TAX RETURNS ARE ON OUR WEBSITE AT HTTPS://WWW.SKSFOUNDATION.ORG/.			