Print/Type preparer's name

TIN: 83-3598597OMB No. 1545-0047

Form **990**

Department of the Treasury

Internal Revenue Service

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.

2022

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

Open to Public Inspection

B Chec	k if a	applicable:	C Name of organization		D Employe	r identif	ication number
		change	AGASTYA USA		83-3598!	597	
O Nar			Doing business as				
_		rn/terminated	g				
		d return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	e	E Telephone	number	
O App	olicati	ion pending	5811 WALES COURT		(408) 62	1-2384	
			City or town, state or province, country, and ZIP or foreign postal code SAN JOSE, CA 95138		G Gross rece	eipts \$ 7	72,019
			F Name and address of principal officer:	H(a) Is this	a group retu	ırn for	
			VENKAT KETINENI 5811 WALES COURT	subor	dinates?		☐Yes ✓No
			SAN JOSE, CA 95138	H(b) Are al includ	I subordinate	!S	☐ Yes ☐No
			✓ 501(c)(3)	If "No	," attach a lis		instructions.
We	ebsit	te: www	.agastyausa.org	n(c) Group	exemption r	number	•
(Form	n of o	rganization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of forma	ition: 2019	M State	of legal domicile: CA
Pa	rt I	Summ	nary				
			ribe the organization's mission or most significant activities: purpose of the corporation is to provide support and financial assistance t	o charities th	at provide ed	lucation	al programs to
2	9	communitie	s in India.		•		
GOVERNATION	-						
N.C.	-						
9		Check this				ء ا	1
			voting members of the governing body (Part VI, line 1a)			4	
Acquires a			independent voting members of the governing body (Part VI, line 1b) . ber of individuals employed in calendar year 2021 (Part V, line 2a)		•	5	
		6	(
2	6						
	7a	7a					
	h	Not uprolat	tod business tayable income from Form 000 T Part I, line 11			76	
	b	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11			7b	Current Vear
					 or Year		Current Year
enu	8	Contributio	ons and grants (Part VIII, line 1h)		• • • or Year 737,14		772,01
enne	8	Contribution	ons and grants (Part VIII, line 1h)				772,01
Revenue	8 9 10	Contribution Program see	ons and grants (Part VIII, line 1h)				772,01
Revenue	8 9 10 11	Contribution Program see Investment Other reve	ons and grants (Part VIII, line 1h)		737,14	48	772,01
Revenue	8 9 10 11 12	Contribution Program see Investment Other reven	ons and grants (Part VIII, line 1h)		737,14	48	772,01 772,01
Revenue	8 9 10 11 12	Contribution Program see Investment Other revent Total revent	ons and grants (Part VIII, line 1h)		737,14	48	772,01 772,01 708,15
	8 9 10 11 12 13 14	Contribution Program see Investment Other rever Total revent Grants and Benefits pa	ons and grants (Part VIII, line 1h)		737,14	48	772,01 772,01 708,15
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Preparer's signature

Date

Paic	t					self-employed			
re	parer	Firm's name JAMES TURNBUL	L			Firm's EIN ► 56-05788	03		
se	Only	Firm's address > 6248 PASO LOS 0	CERRITOS			Phone no. (408) 621-23	384		
		SAN JOSE, CA 9	5120						
ay t	Firm's name			Y es	□No				
or P	aperwork	Reduction Act Notice, see the	e separate instruct	ions.	Cat. N	o. 11282Y	F	orm 99	0 (202
				Page 2					
ırm	990 (2021)								D
	, ,		ce Accomplishm	ents					Page
				line in this Part III .					
L ha ci	•	•		ncial assistance to cha	arities that prov	vide educational prod	rame to	o commi	unities
ndia.		ose of the corporation is to provi	ac support and final	Telai assistance to ene	unities that prov	The educational prog	Turns to	Commi	unices
2	Did the or	ganization undortako any cignific	cant program convice	s during the year whi	ch word not list	rod on			
•	•	, ,		- ,			□ Y	'es 🔽	No
	If "Yes," de	escribe these new services on Sc	chedule O.						
3		-	_	nges in how it conduc	cts, any progran	n		Yes	7
								res	MO
ŀ	Describe tl	he organization's program servic	e accomplishments f						
				report the amount of	grants and allo	cations to others, the	e total (expense	s,
la	(Code:) (Expenses \$	706,144 in	cluding grants of \$) (Revenue \$	772,	019)	
	Provide sup	port and financial assistance to chariti	es that provide education	onal programs to commun	nities in India.				
b	(Code:) (Expenses \$	in	cluding grants of \$) (Revenue \$)	
	-								
	-								
le.	(Codo:) (Eypanges d	in	eluding grants of t) (Payanus d		``	
łc	(Code:) (Expenses \$	In	cluding grants or \$) (Revenue \$)	
1d	Other prog	gram services (Describe in Sched	dule O.)						
	(Expenses	\$ inc	cluding grants of \$) (Revenue \$)		
łе	Total pro	gram service expenses 🕨	706,144						
							F	orm 99	0 (202)
				Page 3					
				. 450 0					
	990 (2021)		uloc						Page
Par	tiv Cn	ecklist of Required Sched	uies					Yes	No
1	Is the orga	anization described in section 50				If "Yes," complete	_	Yes	
_	Schedule A						1		
	-	anization required to complete So	·				2		No No
3		ganization engage in direct or inc office? <i>If "Yes," complete Schedu</i>				sidon to candidates	3		No
4	Section 5	01(c)(3) organizations Did th	ne organization enga	ae in lohhvina activiti	ies, or have a s	ection 501(h)			
for public office? If "Yes," complete Schedule C, Part I		i	1						

	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
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		No
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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		No
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		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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	Yes	
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		No
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm 99	0 (2021)
	Page 4			
Form	990 (2021)			Page 4
	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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		No
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		1

d Did the organization act as an "on hehalf of" issuer for honds outstanding at any time during the year?

u	Did the organization act as an on behalf of issuel for bolius outstanding at any time during the year:	24 a		1
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		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i>			
h	Complete Schedule L, Part IV	28a		No
		28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections			No
34	301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		
	Part V, line 1	34		No
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
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	<u>.</u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	orm 99	No 0 (2021)
	Page 5			
_				
	990 (2021) rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Page 5
	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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b 4a		No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were			

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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
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		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
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.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	124		
4.2				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		110
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	170		
13	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	ii res, complete roini 6005.	F	orm 99	0 (2021)
				, ,
	Page 6 ————			
Form	990 (2021)			Page 6
Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	onse to	✓
Se	ction 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 5			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			I

	members of the governing body?								7a		No
b	Are any governance decisions of the organiz persons other than the governing body? $\ .$								7b		No
8	Did the organization contemporaneously do the following:	cument the m	eetings	s held	or writt	en actions	undertaken during t	the year by			
а	The governing body?								8a		No
b	Each committee with authority to act on bel	half of the gov	erning	body?	·				8b		No
9	Is there any officer, director, trustee, or key organization's mailing address? <i>If "Yes," pro</i>								9		No
Se	ction B. Policies (This Section B reque	ests informa	tion al	bout <u>j</u>	olicies	not requ	uired by the Interr	nal Revenu	e Code		
										Yes	No
	Did the organization have local chapters, bro	•						•	10a		No
	If "Yes," did the organization have written p and branches to ensure their operations are	consistent wi	th the	organi	zation's	exempt p	ourposes?		10b		
11a	Has the organization provided a complete coform?								11a	Yes	
b	Describe on Schedule O the process, if any, $% \left(\frac{1}{2}\right) =\left(\frac{1}{2}\right) \left(\frac{1}{$	used by the o	rganiza	ation t	o revie	w this Forn	n 990. 				
12a	Did the organization have a written conflict	of interest pol	icy? <i>If</i>	"No,"	go to li	ne 13 .			12a		No
b	Were officers, directors, or trustees, and key conflicts?			d to di •	sclose a	innually in	terests that could gi	ve rise to	12b		
С	Did the organization regularly and consisten Schedule O how this was done							scribe on	12c		
13	Did the organization have a written whistleb	olower policy?							13		No
14	Did the organization have a written docume	ent retention a	nd des	tructio	n policy	/? . .			14		No
15	Did the process for determining compensation persons, comparability data, and contempor							ependent			
а	The organization's CEO, Executive Director,	or top manage	ement	officia	١				15a		No
b	Other officers or key employees of the organ	nization .							15b		No
	If "Yes" to line 15a or 15b, describe the prod	cess on Sched	ule O.	See in	structio	ns.					
16a	Did the organization invest in, contribute as taxable entity during the year?							with a	16a		No
b	If "Yes," did the organization follow a writter in joint venture arrangements under applica status with respect to such arrangements?	able federal tax	k law, a	and ta	ke step	s to safequ	ard the organization		16b		
	ction C. Disclosure								100		
17	List the states with which a copy of this Form	m 990 is requi	red to	be file	ed▶	CA					
18	Section 6104 requires an organization to ma 501(c)(3)s only) available for public inspect	ion. Indicate h	now yo	u mad	e these	available.	Check all that apply				
19	Own website Another's website Describe in Schedule O whether (and if so, I policy, and financial statements available to	how) the orga	nizatio	n mad	e its go	•	•	interest			
20	State the name, address, and telephone nui	mber of the pe					nization's books and	records:			
	- 12	2, 3002, 6.	. , , ,	0 (.00	,, 021 1				F	orm 99	0 (2021)
				Page	7 —						
Form	990 (2021)										Page 7
Par	Compensation of Officers, Dia and Independent Contractors	•	stees	, Key	Empl	oyees, H	lighest Compens	sated Emp	oloyee	es,	
	Check if Schedule O contains a respo								<u>.</u>	<u>.</u>	
Se	ction A. Officers, Directors, Trustee	es, Key Emp	loyee	es, ar	nd Hig	hest Cor	npensated Empl	oyees			
1a Co year.	mplete this table for all persons required to	be listed. Rep	ort con	npensa	ation fo	the calen	dar year ending with	or within th	ne orga	nization	's tax
•	ist all of the organization's current officers,						organizations), regar	dless of amo	unt		
	npensation. Enter -0- in columns (D), (E), ar	• •			•						
	st all of the organization's current key empl st the organization's five current highest co								00)		
who r	eceived reportable compensation (box 5 of Fization and any related organizations.									00 from	the
	st all of the organization's former officers, k ortable compensation from the organization					sated emp	oloyees who received	I more than	\$100,0	000	
	st all of the organization's former directors ization, more than \$10,000 of reportable cor								f the		
See t	ne instructions for the order in which to list the	he persons ab	ove.								
<u></u>	heck this box if neither the organization nor	any related or	<u>gan</u> iza	ation c	<u>omp</u> ens	ated any o	current officer, direct	or, or truste	e		
	(A)	(B)			(C)		(D)	(E)		(F	
	Name and title	Average hours per week (list any hours	than	one bo both a			Reportable compensation from the organization	Reportabl compensati from relate organizatio	on a	Estim amount o comper from	of other sation
		for related organizations below dotted	Indiv or di	Insti	Offic Offic	Form High:	(W-2/1099- MISC/1099- NEC)	(W-2/1099 MISC/1099 NEC)	9- c	organizat relai organiz	tion and ted

	line)	idual trustae rector	tutional Trustee	er	employee	est compensated)er	,	,	, ,
(1) KRISHNAMOORTHY THIAGARAJAN President	0.00			Х		_		0	0	0
(2) VENKAT KETINENI	0.00			Х				0	0	0
Treasurer	0.00							-		
(3) GEEREDDY REDDY Director	0.00			х				0	0	0
(4) JON A BARHOST	0.00							_	_	_
Director	0.00			Х				0	0	0
(5) SUNAND BHATTACHARYA	0.00									
Director	0.00			Х				0	0	0
										Form 990 (2021)

Form **990** (2021)

Page 8

Form 990 (2021)

Page **8** Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours		ne b	ox, ι n of	t che inles ficer	s pers	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	2/1099- MISC/1099-NEC)	organization and related organizations

												ĺ		
с Тс	ub-Total		VII, Section					*						
	Total number of individuals (in of reportable compensation from	ncluding bu	ıt not limited	to thos	e list	ed al	bove) who r	eceived	more than \$	100,000			
	Did the organization list any f	ormer offi	cer, director	or trust	ee, k	ey er	mplo	ee, or	highest	compensate	d employee on		Yes	No
	line 1a? If "Yes," complete Sc For any individual listed on lir	ne 1a, is the	e sum of rep	ortable (m the	3		No
	organization and related orga individual Did any person listed on line				•	•	•				dividual for	4		No
	services rendered to the orga											5		No
	ction B. Independent Co													
	Complete this table for your f from the organization. Report											mpens	ation	
		Name and	(A) business addr	ess						Des	(B) scription of services		Compe	
2 To	tal number of independent co	ntractors (i	including bu	t not lim	ited t	to the	ose li	sted at	ove) w	ho received n	nore than \$100,00	00 of		
СО	mpensation from the organiza	ation 🕨 0											Form 99	n (2021
													101111 33	(2021
rm 9	990 (2021) VIII Statement of Re	venue				Page								Page S
	Check if Schedule O	contains a	response or	note to	any I	ine ir	n this	Part V	III .	<u></u>		<u> </u>		
						Tota	(A) al rev) venue		(B) Related or exempt function	(C) Unrelated business revenue	ta	(D Rever excluded ex under	nue d from
unts,	derated campaigns	1a								revenue			512 -	514
and other similar amounts	mbership dues	1b												
sin's	ndraising events	1c												
other	lated organizations	1d												
		1e												
ar	I other contributions, gifts, grants, ad similar amounts not included pove	1f												
	772,019 pricash contributions included in the star - 1f:\$	1g												
h To	otal. Add lines 1a-1f			772,0	019									
2a	1		Busir	ness Cod	е							+		
					\perp									
went	_	· <u> </u>	1		1				1		ĺ	1		
8	·													
vice Re	:													
m Service Revenue	; 		_											

Progra							
f All other program	convic	o rovonuo					
9 Total. Add lines				0			
3 Investment incom				1			
similar amounts)			•		0		
4 Income from inves	stment	of tax-exempt bor	nd proceeds		0		
5 Royalties	· — r		(ii) Domonal	1	0		
	1, F	(i) Real	(ii) Personal				
6a Gross rents	6a						
b Less: rental expenses	6b						
c Rental income	\vdash						
or (loss)	6c						
d Net rental incom	e or (Id				0		
7a Gross amount	1, F	(i) Securities	(ii) Other				
from sales of assets other than inventory	7a						
b Less: cost or							
other basis and sales expenses	7b			_			
c Gain or (loss)	7c						
d Net gain or (loss	-				0		
(not including \$ contributions report See Part IV, line 18 b Less: direct expe	ed on lin	of e 1c). 8a 8b	nts		0		
Gross income from See Part IV, line 1 b Less: direct expe c Net income or (lo	9 . nses .	9a 9b	es		0		
10aGross sales of inverturns and allow	ances	· · 10a					
b Less: cost of goo		<u> </u>			0		
C Net income or (Ic Miscellane			Business Code	T			
11a							
b							
c		-					
d All other revenue							
e Total. Add lines	11a-11	d	•		0		
12 Total revenue.	See inst	tructions					
				772,0	19		Form 990 (2021)
				- Page 10 ———			
Form 990 (2021)				-			
Form 990 (2021) Part IX	t of F	unctional Expe	enses	omnlete all columns	All other organization	ons must complete co	Page 10
				y line in this Part IX			
Do not include amount 7b, 8b, 9b, and 10b of	ts repo	rted on lines 6b		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other ass domestic government	sistance nts. See	to domestic orga Part IV, line 21	inizations and	0	2,701,000	gana an emperiod	2.19011000
2 Grants and other ass Part IV, line 22	sistance	to domestic indiv	/iduals. See	0			

4 Beacht pold to or for members	3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	708,157	708,157		
See Semilorees Compensation not included above, to disqualified persons (see defined under section 4998(1)1) and persons described in senting 4596(3)3(6) Compensation 4596(3)3	4	Benefits paid to or for members	0			
defined under section 498(0)(1) and persons described in section 499(16)(18)	5		0			
Permission plans extrusion and contributions (include section 40(1/c) and 40(1/c)) and 40(1/c) and 40(1/c)) and 40(1/c) and 40(1/c)) and 40(1/c) and 40(1/c)) an	6	defined under section 4958(f)(1)) and persons described in	0			
00 (1) and 403(b) employer contributions)	7	Other salaries and wages	0			
9 Other employee benefits .	8	Pension plan accruals and contributions (include section	0			
10 Payroll Isaxes		` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
11 Fees for services (non-employees): a Management D Legal C Accounting A Monagement O D Decided (If ine 11) amount services. See Part IV, line 17 If Investment management fees O Cother (If ine 11) amount services. See Part IV, line 17 O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11) amount services on Schedule (I) O Cother (If ine 11	9	Other employee benefits	0			
B Management 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10	Payroll taxes	0			
D Legal 0 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 9	11	Fees for services (non-employees):				
C Accounting	а	Management	0			
d Lobbying	b	Legal	0			
e Professional fundralising services. See Part IV, line 17 f Investment management fees	c	Accounting	900			900
Investment management fees	d	Lobbying	0			
9 Other (If line, Lig amount exceeds 10% of line 25; column (A) amount, list line 11g expenses on Schedule 0) 0	е	Professional fundraising services. See Part IV, line 17	0			
Gehrer (If line 1.1g amount exceeds 10% of line 25, column (A) amount, list line 1.2g expenses on Schedule O) 0 1 1 1 1 1 1 1 1 1	f	Investment management fees	0			
13 Office expenses	g		0			
14 Information technology	12	Advertising and promotion	0			
14 Information technology	13	Office expenses	0			
15 Royalties 0		'	32			32
16 Occupancy		-	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 0 0 0 0 0 0		· -	0			
18 Payments of travel or entertainment expenses for any feederal, state, or local public officials . 19 Conference, conventions, and meetings			24.942			24.942
19 Conferences, conventions, and meetings 7,982 7,982 7,982 20 Interest 0		Payments of travel or entertainment expenses for any				
20 Interest	19		7,982			7,982
21 Payments to affiliates		· · · · · · · · · · · · · · · · · · ·	0			<u>, , , , , , , , , , , , , , , , , , , </u>
22 Depreciation, depletion, and amortization .			0			
23 Insurance		· '	_			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Philanthropic Subscription fee 5,000 b Bank Charges c Filing fees 100 d Miscellaneous -2,013 -2,013 e All other expenses 0 25 Total functional expenses. Add lines 1 through 24e 745,445 706,144 6,377 32,924 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here			_			
miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e expenses on Schedule O.) a Philanthropic Subscription fee			0			
b Bank Charges c Filing fees 100 d Miscellaneous e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	24	miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
c Filing fees 100 100 100 100 100 100 100 100 100 10	•	a Philanthropic Subscription fee	5,000		5	,000
d Miscellaneous e All other expenses o 0 25 Total functional expenses. Add lines 1 through 24e 745,445 706,144 6,377 32,924 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	İ	b Bank Charges	345			345
e All other expenses • All other expenses • All other expenses. Add lines 1 through 24e 745,445 706,144 6,377 32,924 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Page 11 Form 990 (2021) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part IX	(c Filing fees	100			100
Total functional expenses. Add lines 1 through 24e 745,445 706,144 6,377 32,924 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720). Page 11 Form 990 (2021) Part X Balance Sheet Check if Schedule 0 contains a response or note to any line in this Part IX	•	d Miscellaneous	-2,013	-2,013		
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720). Page 11 Form 990 (2021) Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part IX		e All other expenses	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). Form 990 (2021) Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part IX	25	Total functional expenses. Add lines 1 through 24e	745,445	706,144	6	,377 32,924
Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Page 11 Form 990 (2021) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part IX	26	reported in column (B) joint costs from a combined				
Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part IX						
Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part IX		<u> </u>				Form 990 (2021)
Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part IX						
Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part IX			– Page 11 ———			
Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part IX						
Check if Schedule O contains a response or note to any line in this Part IX	Form	n 990 (2021)				Page 11
Cash-non-interest-bearing	Pa	art X Balance Sheet				
Cash-non-interest-bearing		Check if Schedule O contains a response or note to any	line in this Part IX .			\square
2 Savings and temporary cash investments		,		(A)	year	
3 Pledges and grants receivable, net		1 Cash-non-interest-bearing			97,054 1	123,628
4 Accounts receivable, net		2 Savings and temporary cash investments			2	0
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		3 Pledges and grants receivable, net			3	0
trustee, key employee, creator or founder, substantial contributor, or 35%		4 Accounts receivable, net			4	0
controlled entity or tamily member at any of these persons		trustee, key employee, creator or founder, substantial co	ontributor, or 35%		5	0

		controlled entity of family member of any of the	ae heraoria				
	6	Loans and other receivables from other disqualif					
		section $4958(f)(1)$), and persons described in se	ection 4958(c)(3)(B)		6		0
40	7	Notes and loans receivable, net			7		0
et	8	Inventories for sale or use			8		0
Assets	9	Prepaid expenses and deferred charges			9		0
A		· · · ·			9		
	IUa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b		10c		0
		· ·	100		11		0
	11	Investments—publicly traded securities .					
	12	Investments—other securities. See Part IV, line			12		0
	13	Investments—program-related. See Part IV, line	11		13		0
	14	Intangible assets			14		0
	15	Other assets. See Part IV, line 11			15		0
	16	Total assets. Add lines 1 through 15 (must equ	ual line 33)	97,054	16		123,628
	17	Accounts payable and accrued expenses			17		
	18	Grants payable			18		
	19	Deferred revenue	•		19		
	20	Tax-exempt bond liabilities			20		
S	21	Escrow or custodial account liability. Complete P	art IV of Schedule D		21		
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contribution or family member of any of these persons.	outor, or 35% controlled entity				
<u>.e</u>		, , , ,			22		
	23	Secured mortgages and notes payable to unrela	ted third parties		23		
	24	Unsecured notes and loans payable to unrelated	third parties		24		
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D			25		_
	26	Total liabilities. Add lines 17 through 25 .		0	26	-	0
ces		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.					
Balances	27 28	Net assets without donor restrictions	27 28		123,628		
Fund F	28	Net assets with donor restrictions		20			
五		complete lines 29 through 33.					
o	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or eq	uipment fund		30		
ssets	31	Retained earnings, endowment, accumulated inc	ome, or other funds		31		
As	32	Total net assets or fund balances		97,054	32		123,628
Net							
~	33	Total liabilities and net assets/fund balances .		97,054	33		123,628
			Page 12			Form 9	90 (2021)
Form	990	(2021)					Page 12
	rt XI	Reconcilliation of Net Assets					rage ==
Га	111. \(\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\tint{\tint{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tinit{\tint{\tinit{\tint{\tint{\tint{\tinit{\tint{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tiin}\tinit{\tiin}\tinit{\tinit{\tiin}\tinit{\tiin}\tinit{\tiinit{\tiinit{\tiin}\tiin}\tinit{\tiin}\tiin{\tiin{\tiin{\tiin{\tiin{\tiin{\tiin{\tiit						
		Check if Schedule O contains a response or no	te to any line in this Part XI.	<u></u>			. U
_	- .		40)				772.040
1		al revenue (must equal Part VIII, column (A), line	•		1		772,019
2	Tota	al expenses (must equal Part IX, column (A), line I	25)		2		745,445
3	Rev	enue less expenses. Subtract line 2 from line 1			3		26,574
4	Net	assets or fund balances at beginning of year (mu	st equal Part X, line 32, column	(A))	4		97,054
5	Net	unrealized gains (losses) on investments			5		
6	Don	nated services and use of facilities			6		
7		estment expenses			7		
8		r period adjustments		· · ·	8	 	
		•	in Cohodula O			 	
9		er changes in net assets or fund balances (explain	•		9	 	4000
		assets or fund balances at end of year. Combine		aπ X, line 32, column (B))	10		123,628
Pa	art XII	Financial Statements and Reporting	ı				
		Check if Schedule O contains a response or n	ote to any line in this Part XII .				
		,				Yes	No
1	If th	ounting method used to prepare the Form 990: ne organization changed its method of accounting edule O.		Other ther," explain on			
2a	If `Y	re the organization's financial statements compiled (es,' check a box below to indicate whether the fin	, ,		on a	2a	No

	dditional Data			Return to	Form
Form	990 (2021)				
	000 (0004)				
				FOIIII	990 (202
b			lit or audits? If the organization did not undergo the required e any steps taken to undergo such audits.	3b	990 (202
За	As a result of a federal av Audit Act and OMB Circul		quired to undergo an audit or audits as set forth in the Single	3a	No
	If the organization chang	ed either its oversight process	s or selection process during the tax year, explain in Schedule O.		
С			committee that assumes responsibility for oversight ements and selection of an independent accountant?	2c	
	☐ Separate basis	Consolidated basis	igcup Both consolidated and separate basis		
	If 'Yes,' check a box below consolidated basis, or both		ncial statements for the year were audited on a separate basis,		
b	Were the organization's f	inancial statements audited b	y an independent accountant?	2b	No
	☐ Separate basis	Consolidated basis	$\ \square$ Both consolidated and separate basis		

Special Condition Description

TIN: 83-3598597

OMB No. 1545-0047

SCHEDULE A

(Form 990)

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.

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

Open to Public Inspection

		he organization						Employer identific	ation number
AGAS	TYA US	A						83-3598597	
	rt I	Reason for Public						See instructions.	
The	organiz	zation is not a private four		•			,		
1		A church, convention of	churches, or as	ssociation o	of churches	described in sec	tion 170(b)(1)(A)(i).	
2		A school described in se	ction 170(b)((1)(A)(ii).	(Attach Sch	nedule E (Form 9	90).)		
3		A hospital or a cooperati	ive hospital ser	vice organi	ization desc	ribed in section	170(b)(1)(A)	(iii).	
4		A medical research orga name, city, and state:	nization operat	ed in conju	unction with	a hospital descri	bed in section	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operated 170(b)(1)(A)(iv). (Co			ge or unive	rsity owned or op	perated by a go	vernmental unit descri	bed in section
6		A federal, state, or local	government or	r governme	ental unit de	scribed in sectio	on 170(b)(1)(A)(v).	
7		An organization that nor section 170(b)(1)(A)(A)(A)(D)(D)(D)(D)(D)(D)(D)(D)(D)(D)(D)(D)(D)	(vi). (Complete	e Part II.)	•			unit or from the gener	al public described in
9		·			,,,,,	•	,		
10	✓	An agricultural research non-land grant college of An organization that nor from activities related to investment income and 30, 1975. See section 5	of agriculture. Sommally receives: To its exempt fur The its exempt fu	ee instruct : (1) more nctions—su ness taxabl	tions. Enter than 331/3% bject to cert e income (le	the name, city, a of its support fitain exceptions,	nd state of the rom contribution and (2) no mor	college or university: ns, membership fees, a e than 33 1/3% of its si	and gross receipts upport from gross
11		An organization organize	ed and operated	d exclusive	ly to test fo	r public safety. S	ee section 509	9(a)(4).	
12		An organization organize more publicly supported on lines 12a through 120	organizations of	described i	n section 5	609(a)(1) or se	ction 509(a)(2	2). See section 509(a	
а		Type I. A supporting or organization(s) the power complete Part IV, Sec	ganization oper er to regularly a	rated, supe appoint or	rvised, or c	ontrolled by its s	upported organ	ization(s), typically by	
b		Type II. A supporting o management of the support IV.	rganization sup porting organiza	ervised or ation veste					
С		Type III functionally is supported organization(s	integrated. A s	supporting					ited with, its
d		Type III non-function functionally integrated. instructions). You must	ally integrate The organizatio	d. A suppo n generally	orting organi y must satis	ization operated fy a distribution	in connection w requirement an	rith its supported organ	
е		Check this box if the org	-	•		•		ype I, Type II, Type III	functionally
		integrated, or Type III n	•	-		-			·
f g		r the number of supported ide the following informati	-					· · · · · · · <u> </u>	
		Name of supported organization	(ii) EIN	(iii) orgar (describe 1- 10 al	Type of nization of nization of nization ed on lines bove (see ctions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota	ı								
For	Paperv	work Reduction Act Not or 990-EZ.	ice, see the I	nstruction	ns for	Cat. No. 11285	5F	Schedule	A (Form 990) 2022
_					D-	go 2			
					ra	ge 2 ———			
Sche	dule A	(Form 990) 2022							Page 7
	rt II	Support Schedule (Complete only if y	ou checked th	he box on	line 5, 7,	or 8 of Part I of	or if the organ)(iv) and 170(b)(ization failed to qua	
Se	ction	If the organization A. Public Support	ialieu to qual	ny under	tile tests l	isteu pelow, pi	ease complet	e rait III.)	
Calc (or	endar fiscal Gifts, g		(a) 201	18	(b) 2019	(c) 2020	(d) 202	(e) 2022	(f) Total
2	Tax rev organiz	e any "unusual grant.") venues levied for the zation's benefit and either	paid						
3	The val	xpended on its behalf lue of services or facilities							

	the organization without charge						
	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						
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						
S	ection B. Total Support						
Ca	endar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(OI	fiscal year beginning in) Amounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
9	income from similar sources Net income from unrelated business						
,	activities, whether or not the						
10	business is regularly carried on 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						
12	10 Gross receipts from related activities, e	tc. (see instructio	ns)			12	
	First 5 years. If the Form 990 is for th	•	•				ization, check
	this box and stop here	-			•		
S	ection C. Computation of Public					-	
14	Public support percentage for 2022 (line		•			14	
15	Public support percentage for 2020 Sch					15	
16a	33 1/3 % support test—2022. If the o						
b	and stop here. The organization qualifi 33 1/3% support test—2021. If the	ies as a publicly s organization did	supported organiza not check a box or	tion I line 13 or 16a, a		3% or more, chec	..▶ □ k this
	box and stop here. The organization of	qualifies as a pub	licly supported org	anization			• □
17a	10%-facts-and-circumstances test- and if the organization meets the "facts	-2022. If the org	ces" test, check thi	s box and stop h	e 13, 16a, or 16b ere. Explain in Pa	, and line 14 is 10 rt VI how the orga	% or more, anization
	meets the "facts-and-circumstances" te	st. The organizat	ion qualifies as a p	ublicly supported	organization		▶□
b	10%-facts-and-circumstances test more, and if the organization meets th						
	meets the "facts-and-circumstances" t		•				
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	ia, 16b, 17a, or 1	7b, check this box	and see	• _
	instructions						▶□
						Schedule A (Form 990) 2022
			D 2				
			Page 3				
	edule A (Form 990) 2022						Page 3
l l	Support Schedule fo (Complete only if you					d to qualify und	or Part II If
	the organization fails to						er rait II. Ii
	ection A. Public Support						
	lendar year · 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.") .		65,483	302,636	737,148	772,019	1,877,286
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						O
	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						C
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						C
_	the organization without charge		CE 400	202.625	707 4 10	770.010	1.077.000
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and		65,483	302,636	737,148	772,019	1,877,286
	3 received from disqualified persons						С
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						C
	\$5,000 or 1% of the amount on line 13 for the year.				<u></u>		
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						1,877,286
_	action R. Total Support		•		-	•	•

(or f	naar year ïscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
9	Amounts from line 6		65,483	302,636	737,148	772,	019	1,	877,286
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and								0
	income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from								•
	businesses acquired after June 30, 1975.								0
с 11	Add lines 10a and 10b. Net income from unrelated business								
	activities not included on line 10b, whether or not the business is								0
12	regularly carried on. Other income. Do not include gain or loss from the sale of capital								0
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)		65,483	302,636	737,148	772,	019	1,	877,286
14	First 5 years. If the Form 990 is for t	-			•	. , , ,	-	•	_
	this box and stop here ction C. Computation of Public				<u> </u>				V
15	Public support percentage for 2022 (li			column (f))		15			0 %
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16			
Se	ction D. Computation of Invest								
17	Investment income percentage for 20					17			0 %
18	Investment income percentage from 2	,	•			18			
19a	33 1/3% support tests-2022. If the								
b	more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the	d stop here. The e organization did	organization qual d not check a box	ifies as a publicly : on line 14 or line :	supported organiz L9a, and line 16 is	ation more than 33	 1/3% a		18 is
-	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization		ightharpoons	
20	Private foundation. If the organizati							_	
						Schedule A			2022
			Page 4						
Sched	dule A (Form 990) 2022							F	Page 4
Par	t IV Supporting Organization	ıs							
	(Complete only if you checked box 12b, of Part I, complete Se								
	12d, of Part I, complete Section			12C, 01 Part 1, CO	Tiplete Sections A	, D, and E. II y	ou che	скеа вс	ΟX
<u>Se</u>		ns A and D, and o		120, 01 Part 1, 00	Tiplete Sections A	, D, and E. II)	rou che	скеа во	ox
_ Se	12d, of Part I, complete Section	ns A and D, and o		12C, Of Part 1, Co.	Tiplete Sections A	, <i>D</i> , and L. II)	Tou che	Yes	No
	12d, of Part I, complete Section	ns A and D, and or cations organizations lis	ted by name in the	e organization's go	overning documen	ts?		1	
	12d, of Part I, complete Section Ction A. All Supporting Organiz Are all of the organization's supported	ns A and D, and or cations organizations lisupported organiz	ted by name in the	e organization's go	overning documen	ts?	1	1	
	12d, of Part I, complete Section Ction A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the securibe the designation. If historic and Did the organization have any support	ns A and D, and or ations organizations lisupported organization related organization teleproperty.	ted by name in the rations are designationship, explain.	e organization's go ted. If designated an IRS determina	overning documen by class or purpo	ts? sse, ler section		1	
1	12d, of Part I, complete Section Ction A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the section describe the designation. If historic and the section is a section of the part VI have the	ns A and D, and or ations organizations lisupported organization related organization teleproperty.	ted by name in the rations are designationship, explain.	e organization's go ted. If designated an IRS determina	overning documen by class or purpo	ts? sse, ler section	1	1	
1	12d, of Part I, complete Section Ction A. All Supporting Organization A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the signation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Indescribed in section 509(a)(1) or (2). Did the organization have a supported	organizations lis upported organization related organization the continuing related organization to the continuing related	ted by name in the ations are designationship, explain. that does not have organization determined.	e organization's go ted. If designated an IRS determina mined that the su	overning documen by class or purpo ution of status und oported organizati	ts? se, ler section ion was	1 2	1	
1 2	12d, of Part I, complete Section Ction A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in It described in section 509(a)(1) or (2).	organizations lis upported organization related organization the continuing related organization to the continuing related	ted by name in the ations are designationship, explain. that does not have organization determined.	e organization's go ted. If designated an IRS determina mined that the su	overning documen by class or purpo ution of status und oported organizati	ts? se, ler section ion was	1 2	1	
1 2	12d, of Part I, complete Section Ction A. All Supporting Organization A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in It described in section 509(a)(1) or (2). Did the organization have a supported 3c below.	organizations lisupported organization to the continuing related organization to the continuing related organization to the continuing related organization design supported organization design supported organization organization design supported organizations design supported organiza	ted by name in the ations are designationship, explain. That does not have organization determined in section 5	e organization's go ted. If designated an IRS determina mined that the su 501(c)(4), (5), or nder section 501(overning documen by class or purposition of status underported organization of the composition of the compos	ts? se, ler section ion was wer lines 3b an	1 2	1	
1 2 3a	12d, of Part I, complete Section Ction A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Indescribed in section 509(a)(1) or (2). Did the organization have a supported 3c below.	organizations lisupported organization to the continuing related organization to the continuing related organization to the continuing related organization design supported organization design supported organization organization design supported organizations design supported organiza	ted by name in the ations are designationship, explain. That does not have organization determined in section 5	e organization's go ted. If designated an IRS determina mined that the su 501(c)(4), (5), or nder section 501(overning documen by class or purposition of status underported organization of the composition of the compos	ts? se, ler section ion was wer lines 3b an	1 2 d 3a	1	
1 2 3a	12d, of Part I, complete Section Ction A. All Supporting Organization A. All Supporting Organization A. All Supporting Organization A. All Supporting Organization A. All Supported If "No," describe in Part VI how the securibe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Indescribed in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each the public support tests under section determination. Did the organization ensure that all supports the section of the organization of the organization of the organization ensure that all supports the section of the organization of the orga	organizations lisupported organization to the continuing related organization to the continuing related organization design supported organization design su	ted by name in the ations are designationship, explain. That does not have organization determination qualified upon the control of the contr	e organization's go ted. If designated an IRS determina mined that the su 501(c)(4), (5), or nder section 501(rt VI when and h	overning documen by class or purpo ation of status und opported organization (6)? If "Yes," answ (c)(4), (5), or (6) a ow the organization	ts? se, ler section ion was wer lines 3b an and satisfied on made the	1 2	1	
1 2 3a b	12d, of Part I, complete Section Ction A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in It described in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each the public support tests under section determination.	organizations lisupported organization to the continuing related organization to the continuing related organization design supported organization design su	ted by name in the ations are designationship, explain. That does not have organization determination qualified upon the control of the contr	e organization's go ted. If designated an IRS determina mined that the su 501(c)(4), (5), or nder section 501(rt VI when and h	overning documen by class or purpo ation of status und opported organization (6)? If "Yes," answ (c)(4), (5), or (6) a ow the organization	ts? se, ler section ion was wer lines 3b an and satisfied on made the	1 2 d 3a	1	
1 2 3a b	12d, of Part I, complete Section Ction A. All Supporting Organization A. All Supporting Organization A. All Supporting Organization A. All Supporting Organization A. All Supported If "No," describe in Part VI how the securibe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Indescribed in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each the public support tests under section determination. Did the organization ensure that all supports the section of the organization of the organization of the organization ensure that all supports the section of the organization of the orga	organizations lisupported organization the organization described or	ted by name in the ations are designal ationship, explain. That does not have organization determined in section 5 mization qualified upon a designation was used to put in place to nited States ("fore	e organization's goted. If designated an IRS determinamined that the sum of t	overning documen by class or purposition of status undeported organization (6)? If "Yes," answer(4), (5), or (6) sow the organization section 170(c)(2)	ts? se, ler section ion was wer lines 3b an and satisfied on made the (B) purposes?	1 2 d 3a 3b 3c	1	
1 2 3a b	ction A. All Supporting Organization A. All Supported If "No," describe in Part VI how the securibe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Indescribed in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each the public support tests under section determination. Did the organization ensure that all surf "Yes," explain in Part VI what continued the supported organization not on the checked box 12a or 12b in Part I, ansignation.	organizations lisupported organization to the continuing related organization desired organiz	ted by name in the ations are designationship, explain. That does not have organization determination qualified uses," described in Paganizations was used in put in place to nited States ("fore 4c below.	e organization's goted. If designated an IRS determinamined that the sum of the sum of the section 501(c)(4), (5), or onder section 501(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(overning documen by class or purpolation of status undopported organization (6)? If "Yes," answer (6), (5), or (6) about the organization (6), (2) anization")? If "Yes,"	ts? se, ler section ion was wer lines 3b an and satisfied on made the (B) purposes?	1 2 d 3a 3b	1	
1 2 3a b	ction A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in It described in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each the public support tests under section determination. Did the organization ensure that all suff "Yes," explain in Part VI what control was any supported organization not o checked box 12a or 12b in Part I, anson Did the organization have ultimate cororganization? If "Yes," describe in Part II was the part II was the part II was the organization? If "Yes," describe in Part II was the part II was the part II was the organization? If "Yes," describe in Part II was the part II was th	organizations lisupported organization the Organization organization the Organization design of the Organization design of the Organization design of the Organization design of the Organization organization organization organization organization organization design of the Organization organ	ted by name in the ations are designal ationship, explain. That does not have organization determined in section 5 mization qualified upon a designation was used to be a designation of the section of t	e organization's goted. If designated an IRS determinamined that the sum of the sum of the sum of the section 501(rt VI when and he de exclusively for ensure such use, sign supported organization of the supported organization of the sum of th	overning documen by class or purpolation of status undopported organization (6)? If "Yes," answork the organization (c)(2) anization")? If "Yes," ts to the foreign s	ts? sse, ler section ion was wer lines 3b an and satisfied on made the (B) purposes? es" and if you supported	1 2 d 3a 3b 3c 4a	1	
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	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).	8		
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 .	9a 9b		
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 .	9c		
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)? 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).	10a 10b		
	Schedule A	(Form	990)	2022
	Page 5			
Sche	edule A (Form 990) 2022		-)242 F
	rt IV Supporting Organizations (continued)		r	Page 5
	capporting organizations (continues)		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 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
S	ection B. Type I Supporting Organizations			
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly		Yes	No
	appoint or elect at least a majority of the organization's 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 directors 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, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations		V	Na
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		Yes	No
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
	ection 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?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	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 in 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	2		
	during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction).	ons):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
(The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
i	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.	2a	168	140
I	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more			

a 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. All "Yes" or "No", provide details in Part VI. b Did the organization excites 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. Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Page 6 Chedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Section A - Adjusted Net Income (A) Prior Year (B) Current Yes Recoveries of prior-year distributions 1 Net short-term capital gain 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Depreciation and depletion 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income (or management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Action B - Minimum Asset Amount (A) Prior Year (B) Current Yes (Capilorial) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax yeer or assets held for part of year): 1 Aggregate fair market value of other non-exempt-use assets 1 C 1 Average monthly cash balances 1 A Average monthly cash balances 1 A Verage monthly cash balances 1 C 2 Followed for part of year): 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Recoveries of prior-year distributions 7 Recoveries	
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," describe 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. Schedule A (Form 990) Page 6 Page 6 Page 6 Page 6 Page 7 Page 8 Chack here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (B) Current Ye (cyplonal) Other gross income (see instructions) 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 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) 8 Adjusted Net Income (seuthract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Ye (cyplonal) 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 b Average monthly value of securities 1 C 1 Total (add lines 1a, 1b, and 1c) 1 D 2 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount Current Year Current Year Current Year	
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Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year	
Section C - Distributable Amount Current Year	
Section C Distributual Amount	
Adjusted net income for prior year (from Section A, line 8, Column A)	
Enter 85% of line 1	
Minimum asset amount for prior year (from Section B, line 8, Column A) 3	
Enter greater of line 2 or line 3	
Income tax imposed in prior year 5	
Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	
Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)	
Schedule A (Form 990	202
Page 7 ———————————————————————————————————	
edule A (Form 990) 2022	age :
art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
ection D - Distributions Current Year	
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			4	
5 Qualified set-aside amounts (prior IRS approval require		5		
6 Other distributions (<i>describe in Part VI</i>). See instruction	ons		6	
7 Total annual distributions. Add lines 1 through 6.		7		
Distributions to attentive supported organizations to whe details in Part VI). See instructions	nich the organization is respon	sive (<i>provide</i>	8	
9 Distributable amount for 2022 from Section C, line 6			9	-
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	s	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6		F16-2022		Amount for 2022
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 e 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:				
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. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.				
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.				
7 Excess distributions carryover to 2023. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2018				
b Excess from 2019				
d Excess from 2021				
e Excess from 2022				
			Sched	ule A (Form 990) (2022)
	———— Page 8 ————			
Schedule A (Form 990) 2022				Page 8
· · · · · · · · · · · · · · · · · · ·	lanations required by Part II I	ine 10: Part II line 17a o	or 17h · D	
Supplemental Information. Provide the expl Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section	9b, 9c, 11a, 11b, and 11c; Pa on E, lines 1c, 2a, 2b, 3a and 3	rt IV, Section B, lines 1 a 3b; Part V, line 1; Part V,	nd 2; Pa Section	rt IV, Section C, line 1; B, line 1e; Part V
instructions).	•	. ,		-
F:	acts And Circumstances Tes	t		
Return Reference	F	xplanation		
		•	Sche	dule A (Form 990) 2022
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Additional Data Return to Form

Software Version: 2022v5.0

efile Public Visual Render ObjectId: 202332899349300203 - Submission: 2023-10-15 TIN: 83-3598597 **SCHEDULE F** OMB No. 1545-0047 Statement of Activities Outside the United States (Form 990) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. **2022** ▶ Attach to Form 990. Open to Public Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Internal Revenue Service Name of the organization AGASTYA USA Employer identification number General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used $% \left(1\right) =\left(1\right) \left(□ Yes □ No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of offices in the (a) Region (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures region (by type) (such as, fundraising, program services, investments, grants to recipients located in the employees, agents and independent contractors in the region program service, describe specific type of service(s) in the region in the region region region) Sub-total Total from continuation sheets to Part I . Totals (add lines 3a and 3b)
Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50082W Schedule F (Form 990) 2022 Page 2 -Schedule F (Form 990) 2022 Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (b) IRS code section and EIN (if (g) Amount of noncash assistance (h) Description of noncash assistance (i) Method of valuation (book, FMV, (a) Name of organization (d) Purpose of grant (e) Amount of cash grant (c) Region (f) Manner of cash disbursement applicable) appraisal, other) INDIA CONDUCT MISSION 708.157 CASH

							Sch	edule F (Form 990) 20
				— Page 3 ————				
chedule F (Form 990) 2022								Page
	ther Assistance duplicated if addi			ted States. Complete if	the organiza	tion answ	vered "Yes" on Form	990, Part IV, line 16.
a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amoun noncash assistanc	1	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							Sche	dule F (Form 990) 202
				— Page 4 ————				
hedule F (Form 990) 2022						Page 4		
	ired to file Form 926,	Return by a U.S. Tr	ansferor of Property t	to a Foreign Corporation (see				
2 Did the organization have to separately file Form 35.	an interest in a forei 20, Annual Return to	ign trust during the t	ax year? If "Yes," the with Foreign Trusts a	organization may be require and Receipt of Certain Foreign er (see Instructions for Forms	1	✓ No		
3520 and 3520-A; don't fi 3 Did the organization have	le with Form 990) . an ownership interes	st in a foreign corpo	ration during the tax y	year? If "Yes," the organizatio Certain Foreign Corporations.	Yes	☑ No		
(see Instructions for Form	5471)				Yes	✓ No		
fund during the tax year?	If "Yes," the organiza	ation may be require	d to file Form 8621, i	mpany or a qualified electing Information Return by a Instructions for Form 8621) .	□ Yes	✓ No		
may be required to file Fo.	rm 8865, Return of L	J.S. Persons with Re	spect to Certain Forei	year? If "Yes," the organizatio gn Partnerships (see		✓ No		
organization may be requi	ired to separately file	Form 5713, İnterna	tional Boycott Report	g the tax year? If "Yes," the c (see Instructions for Form	Yes	✓ No		
				Schedu	le F (Form 99	0) 2022	_	
				— Page 5 ————				
hedule F (Form 990) 2022						Page 5		
amounts of inves method); and Pa	mation required by stments vs. expend rt III, column (c)	ditures per region (estimated numbe); Part II, line 1 (a	; Part I, line 3, column (f) ccounting method); Part II applicable. Also complete	II (accounting)		
any additional in	formation. See ins	ы исиоП5.	Ex	planation				

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Schedule F (Form 990) 2022

Additional Data

Software ID: 22015553 Software Version: 2022v5.0

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ObjectId: 202332899349300203 - Submission: 2023-10-15

TIN: 83-3598597 OMB No. 1545-0047

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 990-EZ.

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

Open to Public

Name of the organization AGASTYA USA

Employer identification number

83-3598597

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	Treasurer conducts review for board
Form 990, Part VI, Section C, Line 19	No documents available to the public.

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

Cat. No. 51056K

Schedule O (Form 990) 2021

Additional Data

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