WEGNER CPAS LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

> SARVODAYA U.S.A. CORPORATION 525 N ARMISTEAD ST, 203 ALEXANDRIA, VA 22312-2841

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#### PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 20-80-17 Return of Organization Exempt From Income Tax

990 Form

В

Activities & Governance

Revenue

Expenses

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22

Part II Signature Block

# 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.



Open to Public Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service A For the 2022 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change SARVODAYA U.S.A. CORPORATION Name change 13-3358148 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated (608) 442-5945 525 N ARMISTEAD ST 203 472,215. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended ALEXANDRIA, VA 22312-2841 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JOHN COONROD for subordinates? ..... Yes X No SAME AS C ABOVE Yes **H(b)** Are all subordinates included? No Tax-exempt status: X 501(c)(3) 501(c) ( 527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.SARVODAYAUSA.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1986 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: TO LEARN FROM AND SUPPORT THE 1 WORK OF THE SARVODAYA SHRAMADANA MOVEMENT OF SRI LANKA, AND TO 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 3 Number of voting members of the governing body (Part VI, line 1a) 3 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 0 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 8 Total number of volunteers (estimate if necessary) 6 6 Ò. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 395,208. 472,210. Contributions and grants (Part VIII, line 1h) 8 0. 0 9 Program service revenue (Part VIII, line 2g) 14. 5. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 11 472,215. 395,222. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 377,065. 433,922. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. Ο. b Total fundraising expenses (Part IX, column (D), line 25) 33,229. 34,874. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 410,294. 468,796. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -15,072. 3,419. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year 42,433. 45,530 20 Total assets (Part X, line 16) 0. 0. 21 Total liabilities (Part X, line 26)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

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

42,433.

45,530

Sign	Signature of officer		Date	
-	KRISHNA DESAR, TREASURER			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Paid	BRUCE MAYER, CPA	BRUCE MAYER, CPA	11/01/23 self-employed	P00187180
Preparer	Firm's name WEGNER CPAS LLP		Firm's EIN 39-	0974031
Use Only	Firm's address 2921 LANDMARK PL	STE 300		
	MADISON, WI 53713	-4236	Phone no. (608	) 274-4020
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) SARVODAYA U.S.A. CORPORATION 13-3358148 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
1	Briefly describe the organization's mission:
	OUR MISSION IS TO FACILITATE INDIVIDUAL AND COMMUNITY DEVELOPMENT TO MEET BASIC HUMAN NEEDS, REDUCE MATERIAL, SOCIAL AND SPIRITUAL POVERTY,
	AND ENHANCE THE QUALITY OF LIFE FOR ALL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ 401,612. including grants of \$ 401,612. (Revenue \$ 0. ) SRI LANKA: IN SRI LANKA, THE GRANTS AND DONATIONS SUPPORTED THE CHRONIC
	KIDNEY DISEASE PREVENTION PROJECT AS WELL AS HOUSING PROJECTS AND
	WELFARE CENTERS SUCH AS DAY CARE CENTERS, NUTRITIONAL CENTERS, AND
	ORPHANAGES.
4	(Code: ) (Expenses \$ 35,039. including grants of \$ 32,310. ) (Revenue \$ 0. )
4b	(Code:) (Expenses \$ 35,039. including grants of \$ 32,310. ) (Revenue \$ 0. ) NEPAL -
	TEACH FOR NEPAL: IN NEPAL, THE GRANTS AND DONATIONS SUPPORTED THE WORK
	OF TEACH FOR NEPAL (TFN), AN INDEPENDENT INITIATIVE OF SARVODAYA
	SHRAMADANA NEPAL. TFN IS THE ORGANIZATIONAL LEADER OF A MOVEMENT TO
	IMPROVE PRIMARY AND SECONDARY EDUCATION IN NEPAL.
	RIGPA INSTITUTE: IN NEPAL, THE GRANTS AND DONATIONS SUPPORTED HEATH AND
	CIVIC EDUCATION AMONG YOUTH.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
70	(Code:) (Expenses #) (nevenue #)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 436,651.
	Form <b>990</b> (2022)
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Form	990	(2022)

 Form 990 (2022)
 SARVODAYA U.S.A. CORPORATION

 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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 X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X X
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?			v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,			x
Ŀ	Part VI	<u>11a</u>		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	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
	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		X
14a		14a		X
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	Х	
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			<u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			<b>v</b>
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	
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2022.05000 SARVODAYA U.S.A. CORPORAT 02875.11

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 Form 990 (2022)
 SARVODAYA
 U.S.A.
 CORPORATION

 Part IV
 Checklist of Required Schedules (continued)

00	Did the event instant many than $f$ 000 of events on other excitations to a few demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			- 23
25	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
	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	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		- 23
20	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		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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00.		v
20	"Yes," complete Schedule L, Part IV	28c 29		X X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		- 23
50	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			
	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			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	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?	36		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23
01	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?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t 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 1a 2			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4		
22200	(gambling) winnings to prize winners?	Eorm	990	l (2022)
202004	<sup>1</sup> 12-13-22 5	1 0/1/1		(2022)

<sup>2022.05000</sup> SARVODAYA U.S.A. CORPORAT 02875.11

Form	990 (2022) SARVODAYA U.S.A. CORPORATION	13-3358	148	Pa	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				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	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		Х
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 Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
Uu			6a		х
h			Ua		
D	If "Yes," did the organization include with every solicitation an express statement that such contribution upon part tex deductible?		Ch		1
-	were not tax deductible?		<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).	dens and ded to the accord	7.		х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		
			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	_		v
	to file Form 8282?	1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion 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.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	4		
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	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
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	12b			
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			
с	Enter the amount of reserves on hand	13c			
14a			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
10	If "Yes," complete Form 4720, Schedule O.	income?			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities			
17	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		1
			17		
00000	If "Yes," complete Form 6069.		Eorm	990	(2022)
232005	12-13-22		FULL		(2022)

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6 2022.05000 SARVODAYA U.S.A. CORPORAT 02875.11

Form	990 (2022) SARVODAYA U.S.A. CORPORATION		13	-3358	148	Р	age <b>6</b>
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below,	and for a	"No" r	espon	se
-	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a		8			
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	t supervisio	n			
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	e following:				
а	The governing body?				8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?				8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac						
0.00	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>enue</u>	<u>Code.)</u>				
40-					40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?				10a		<u> </u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such cha and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body		e filina the		11a		x
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		e mig tile		110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y						
	on Schedule O how this was done	, ,			12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by ind	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		X
b	Other officers or key employees of the organization				15b		X
	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 arrangem	ent w	ith a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi						
800	exempt status with respect to such arrangements?				16b		L
17 19	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>	4 000	T (agation	E01(a)(2)a	o n lu i	ovoilek	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply.	u 990	- i (Section	501(C)(3)S	oniy)	availal	JIE
			had it a				
19	Own website       Another's website       X       Upon request       Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, control of the section of the sectin of the section of the section of the section of the s			olicy and	finan	ial	
19	statements available to the public during the tax year.	mict C	n meresi p	oncy, and	man	nai	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	1 records				
20	KRISHNA DESAR - (202) 640-8263						
	525 N ARMISTEAD ST, #203, ALEXANDRIA, VA 22312-284	1					
232006	i 12-13-22				Form	990	(2022)
	7						,

#### 16341101 788028 02875.1TX01

2022.05000 SARVODAYA U.S.A. CORPORAT 02875.11

#### 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.

• 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.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c	heck ss pe	more rson i	than o s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount 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-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JOHN COONROD	20.00								0	0
PRESIDENT	1 0 0	Х		X				0.	0.	0.
(2) KRISHNA DESAR TREASURER	1.00	v		v				0.	0.	0
(3) VINYA ARIYARATNE	1.00	Х		X				0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(4) SENANI WIJEYWARDENA BABSON	1.00									
DIRECTOR		Х						0.	0.	0.
(5) HEMAMALIE RUSSELL	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ERANGI DIAS	1.00									
DIRECTOR		Х						0.	0.	0.
(7) DINESH PETHIYAGODA	1.00									
DIRECTOR		Х						0.	0.	0.
(8) SHISIR KHANAL	1.00									
DIRECTOR		х						0.	0.	0.
		-								
		-								
										Form <b>990</b> (2022)

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232007 12-13-22

Form 990 (2022)

	990 (2022) SARVODAYA	U.S.A.	С	OR	PO	RA	TI	ON	I	13-33	581	L48	Page <b>8</b>
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)			(C				(D)	(E)			(F)
	Name and title	Average			Posi				Reportable	Reportable			imated
	Name and the	hours per					than o				_		
		week					s both r/trust		compensation	compensation	'		ount of
								,	- from	from related			other
		(list any	recto						the	organizations	I		ensation
		hours for	or di	æ			ated		organization	(W-2/1099-MIS	C/		om the
		related	stee	ruste			Densi		(W-2/1099-MISC/	1099-NEC)		•	inization
		organizations	altru	nalt		loye	e com		1099-NEC)				related
		below	Individual trustee or director	Institutional trustee	cer	Key employee	hest oloye	Former				orgai	nizations
		line)	ln di	Inst	Officer	Key	Highest compensated employee	Боп					
											$\rightarrow$		
											$\rightarrow$		
											$ \rightarrow $		
											$\rightarrow$		
4 6	Subtatal								0.		0.		0.
10	Subtotal		•••••						0.		0.		0.
	Total from continuation sheets to Part VI												
d	Total (add lines 1b and 1c)								0.		0.		0.
2	Total number of individuals (including but ne	ot limited to th	ose	liste	d ab	ove	) who	o re	eceived more than \$100,	000 of reportable			
	compensation from the organization												0
													Yes No
3	Did the organization list any <b>former</b> officer,	director trust	bo k		mnla		a or	hia	hest compensated emp	ovee on	ſ		
U		-		•	•	-		Ŭ	• •			•	x
	line 1a? If "Yes," complete Schedule J for st										····	3	A
4	For any individual listed on line 1a, is the su												
	and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	J f	or such individual			4	X
5	Did any person listed on line 1a receive or a												
	rendered to the organization? If "Yes." com											5	X
Sec	tion B. Independent Contractors	piete conouun	<u> </u>			/0/0	011						
1	Complete this table for your five highest cor	moonsated ind	ono	ndor	t co	ontro	octor	c th	at received more than \$	100 000 of comp	oncat	ion fro	m
•											crisal		
	the organization. Report compensation for t	ne calendar ye	are	nain	g wi		or wit	nin.		ear.			
	(A)								(B)		~	(C)	
	Name and business	address	NC	ONE					Description of s	ervices		ompen	sation
								_					
								+					
2	Total number of independent contractors (in	ncluding but no	ot lin	nited	l to t	thos	e list	ted	above) who received mo	ore than			
	\$100,000 of compensation from the organiz	zation				0	)						
												Form 9	90 (2022)

232008 12-13-22

		(2022) SARVODAYA U.S	.A. CORPC	RATION		13-3358	148 Page 9
Pa	rt VI	Statement of Revenue					
		Check if Schedule O contains a response of	or note to any line				
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under
10	4	Forducts descent stress					sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	18	Federated campaigns     1a       Membership dues     1b					
D C L		Membership dues     1b       Fundraising events     1c					
ifts, r Ai		Related organizations					
s, Gi nila	e	Government grants (contributions)	35,900.				
ons	f	All other contributions, gifts, grants, and					
buti			436,310.				
d Or	g	Noncash contributions included in lines 1a-1f					
Co an	h	Total. Add lines 1a-1f		472,210.			
			Business Code				
e	2 a						
ervi	b	·					
n Se	c						
Jran Rev	d						
Program Service Revenue	e						
а.		1 3					
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (including dividends, intere					
	3			5.			5.
	4	other similar amounts) Income from investment of tax-exempt bond p					
	5	Royalties	Г				
	Ū	(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b						
	c						
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
venue		and sales expenses 7b					
evel		Gain or (loss) 7c	L				
r Re		Net gain or (loss)					
Other	8 a	Gross income from fundraising events (not					
0		including \$ of contributions reported on line 1c). See					
		Part IV, line 18					
	h	Less: direct expenses 8b					
	c						
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses					
		Net income or (loss) from gaming activities	<u></u>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory					
sn	44 -		Business Code				
ioer Ue	11 a b						
iscellaneous Revenue	a D		+				
		All other revenue	+				
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		472,215.	0.	0.	5.
23200	9 12-13						Form <b>990</b> (2022)

Form 990 (2022)
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SARVODAYA U.S.A. CORPORATION Part IX Statement of Functional Expenses

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								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21								
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	433,922.	433,922.						
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	1,300.		1,300.					
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25,								
	column (A), amount, list line 11g expenses on Sch 0.)	19,200.		19,200.					
12	Advertising and promotion	4,682.			4,682.				
13	Office expenses	5,583.	741.	4,842.					
14	Information technology	2,110.		2,110.					
15	Royalties								
16	Occupancy								
17	Travel	1,999.	1,988.	11.					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
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 0.)								
a									
b									
c									
d									
	All other expenses	160 706	126 651		4 (0)				
25	Total functional expenses. Add lines 1 through 24e	468,796.	436,651.	27,463.	4,682.				
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 hereif following SOP 98-2 (ASC 958-720)								

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Form 990 (2022)

16341101 788028 02875.1TX01

33 Total liabilities and net assets/fund balances

Form 990 (2022)

SARVODAYA U.S	.A. CORPORATION
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		Check if Schedule O contains a response or note	e to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		6,446.	1	45,505.
Assets	2	Savings and temporary cash investments		35,987.	2	25.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes		5		
	6	Loans and other receivables from other disqualif				
		under section 4958(f)(1)), and persons described		6		
	7	Notes and loans receivable, net		7		
	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			
	b	Less: accumulated depreciation		10c		
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line 1	1		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa		42,433.	16	45,530.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or form	er officer, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
iabi		controlled entity or family member of any of thes	e persons		22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities (including federal income tax, page	yables to related third			
		parties, and other liabilities not included on lines	, .			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
<i>"</i>		Organizations that follow FASB ASC 958, che	ck here X			
ces		and complete lines 27, 28, 32, and 33.		10 100		4
Ilan	27			42,433.	27	45,530.
Ba	28	Net assets with donor restrictions			28	
nnd		Organizations that do not follow FASB ASC 9	58, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.				
ts c	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or eq			30	
t Aŝ	31	Retained earnings, endowment, accumulated inc		10 100	31	
Ne	32	Total net assets or fund balances		42,433.	32	45,530.
	33	Total liabilities and net assets/fund balances		42,433.	33	45,530.

Form 990 (2022)
Part X Balance Sheet

	1 990 (2022) SARVODAYA U.S.A. CORPORATION	13-33	358148	Pag	<sub>je</sub> 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)	1	472		
2	Total expenses (must equal Part IX, column (A), line 25)	2	468		
3	Revenue less expenses. Subtract line 2 from line 1	3			19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	42	2,43	33.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-32	22.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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	45	5,53	30.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		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?		<b>2</b> b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

232012 12-13-22

(Form 990)

Total

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2022
Open to Public

Department of the Treasury Internal Revenue Service			Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection	
Name of	the organizati	on							identification number
_				A. CORPORATIO					3-3358148
Part I	Reason	for Public (	Charity Status.	(All organizations must o	omplete tl	his part.) S	ee instruction	IS.	
The organ	nization is not a	a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1	A church, co	nvention of ch	urches, or associatio	on of churches described	l in <b>sectic</b>	on 170(b)( <sup>.</sup>	1)(A)(i).		
2	A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Forn	า 990).)				
3	A hospital or	a cooperative	hospital service orga	anization described in <b>s</b>	ection 170	<b>)(b)(1)(A)(i</b>	ii).		
4	A medical res	search organiz	ation operated in co	njunction with a hospital	described	in <b>sectio</b>	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
	city, and stat	e:							
5	An organizati	ion operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, sta	te, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organizati	ion that norma	ally receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from t	he general p	oublic described in
	section 170(	<b>b)(1)(A)(vi).</b> (C	complete Part II.)						
8	A community	rtrust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultur	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
	or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
	university:								
10	An organizati	ion that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membersł	nip fees, and	d gross receipts from
	activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
	income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the or	ganization a	fter June 30, 1975.
	See section	509(a)(2). (Co	mplete Part III.)						
11 🗌	An organizati	ion organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12	An organizati	ion organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes of one or
	more publicly	/ supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box on
	_lines 12a thro	bugh 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	d 12g.	
a	_ Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s), t	ypically by	giving
	the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b	Type II. A s	supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	ed organizatio	on(s), by hav	ring
	control or r	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ons that co	ntrol or mana	ge the supp	ported
_	organizatio	n(s). <b>You mus</b>	st complete Part IV,	Sections A and C.					
c	_ Type III fui	nctionally inte	grated. A supportin	g organization operated	in connec <sup>-</sup>	tion with, a	and functiona	lly integrate	d with,
_	its support	ed organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.		
d	_ Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		-		zation generally must sat	-		-	d an attentiv	veness
_	requiremer	nt (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
e	_ Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
	functionally	/ integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
	er the number	••	•						
	vide the follow (i) Name of supp		n about the supporte		(iv) Is the org	anization listed	(u) Amount o	fmonoton	(vi) Amount of other
	organizatior		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount of support (see i	-	support (see instructions)
	organization	•		above (see instructions))	Yes	No			
			1	1	1	1			

#### Schedule A (Form 990) 2022

## SARVODAYA U.S.A. CORPORATION

Part 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.)

. ·	tion A. Public Support	() (2)	(1) 65/5	()	( )) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	()	(0
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	001 800		1 - 0 - 0		400 010	1
	include any "unusual grants.")	281,723.	348,575.	152,078.	395,208.	472,210.	1649794
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	281,723.	348,575.	152,078.	395,208.	472,210.	1649794
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)						640,012
6	Public support. Subtract line 5 from line 4.						1009782
	tion B. Total Support						1 2005 /02
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	281,723.	348,575.		395,208.	472,210.	1649794
	Gross income from interest,		010,0,00		00072000		
0	dividends, payments received on						
	securities loans, rents, royalties,		30.	16.	14.	5.	65
~	and income from similar sources		50.	10.	14.	J.	05
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.)						4 6 4 9 9 5 9
11	Total support. Add lines 7 through 10						1649859
2	Gross receipts from related activities,	etc. (see instructio	ons)			12	917
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5/	01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi		•			I I	
	Public support percentage for 2022 (I					14	61.20
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	74.34
16a	33 1/3% support test - 2022. If the o						
	$\ensuremath{\operatorname{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
7a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	zation
10		st. The organizatio	n qualifies as a pu	blicly supported or	rganization	-	
74	meets the facts-and-circumstances te						
	meets the facts-and-circumstances te 10% -facts-and-circumstances test	0	anization did not o	heck a box on line:	e 13, 16a, 16b, or i	7a, and line 15 is	10% Or
	10% -facts-and-circumstances test	- 2021. If the org					10% 01
		- 2021. If the org	nstances test, cheo	ck this box and <b>st</b>	t <b>op here.</b> Explain i	n Part VI how the	

232022 12-09-22

#### SARVODAYA U.S.A. CORPORATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	<u></u>	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
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           Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			 		<u> </u>	
14	First 5 years. If the Form 990 is for the	-			•		
500	check this box and stop here		contago				·····
	Public support percentage for 2022 (I			acluma (f))		15	
	Public support percentage from 2022 ( Public support percentage from 2021					16	<u>%</u> %
	ction D. Computation of Inves						/0
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	%
	<b>33 1/3% support tests - 2022.</b> If the						line 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	t <b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organiz	ation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins		
23202	23 12-09-22		16			Sche	edule A (Form 990) 2022

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#### SARVODAYA U.S.A. CORPORATION

1

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3a

Yes No

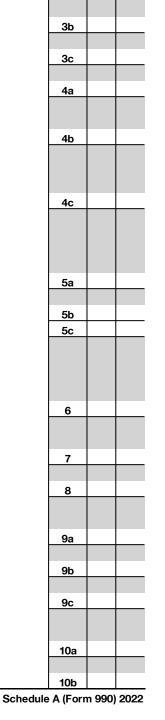
#### Part IV Supporting Organizations

(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")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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orm 990	) 2022	SARVODAYA	U.S.A.	CORPORATION
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2

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No

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	la		
b	A family member of a person described on line 11a above?	lb		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	1c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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,

supervise	ed. or controlled the supporting organization.	
Section C.	Type II Supporting Organizations	

Schedule A (Fo

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

Sec	tion D. All Type III Supporting Organizations		
			Yes
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		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	1	
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	2	

income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

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

1 Ch	eck the box next to the method tha	the organization used to s	tisfy the Integral Part	Test during the ye	ear (see instructions).
------	------------------------------------	----------------------------	-------------------------	--------------------	-------------------------

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent o	f each of its sup	oported organizations	6. Complete line 3 below.
---	--	------------------	-----------------	-------------------	-----------------------	---------------------------

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

18

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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

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

Yes No

232025 12-09-22

Schedule A	(Form 990	) 2022
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Schedule A	(Form 990)	2022	SARVODAYA	U.S.A.	CORPORATION	
Part V	Type III	Non-	Functionally Integrated	d 509(a)(3)	Supporting Organizat	ions

1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required - pro			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
е	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 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
C	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

SARVODAYA U.S.A. CORPORATION

13-3358148 Page 7

1

2

3

**Current Year** 

Schedule A	(Form 990	) 2022		SARV	ODAYA	U.S.A.	CORPORA	TION	
Part V	Type II	l Non-	Functior	nally Ir	ntegrate	d 509(a)(3)	Supporting	Organizations	(continued)

Section D - Distributions

3

**1** Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

Schedule A	(Form 990) 2022			CORPORATION	13-3358148	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D	l, 2, 3b, 3c, 4b, 4c, 5a , lines 2 and 3; Part IV,	6, 9a, 9b, 9c Section E, lin	, 11a, 11b, and 11c; Part I es 1c, 2a, 2b, 3a, and 3b;	D; Part II, line 17a or 17b; Part III, line 12; V, Section B, lines 1 and 2; Part IV, Section Part V, line 1; Part V, Section B, line 1e; Pa part for any additional information.	r C, rt V,
	(See instructions.)			•	. ,	
232028 12-09-2	2			21	Schedule A (Form 9	90) 2022
				<u>A</u>		

#### 223451 11-15-22

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Schedule B

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

# Schedule of Contributors

PUBLIC DISCLOSURE COPY

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

# 2022

Employer identification number

	SARVODAYA U.S.A. CORPORATION	13-3358148
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule.	
Note: Only a section 50 <sup>-</sup>	ا (د)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.

**General Rule** 

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

SARVODAYA U.S.A. CORPORATION 13-3358148 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 315,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 X Person Payroll 35,900. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 15,200. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 10,641. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person

> Noncash (Complete Part II for noncash contributions.)

Payroll

Schedule B (Form 990) (2022)

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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
		\$	

SARVODAYA U.S.A. CORPORATION

Name of organization

Employer identification number

13-3358148

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223453 11-15-22

16341101 788028 02875.1TX01

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	B (Form 990) (2022)		Pag
Name of c	organization		Employer identification numbe
SARVO	DAYA U.S.A. CORPORATION		13-3358148
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	through (e) and the following line er charitable, etc., contributions of <b>\$1,000 or</b>	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	jíft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of g nd ZIP + 4	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	 gift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
223454 11-1	5-22		Schedule B (Form 990) (20

<sup>26</sup> 2022.05000 SARVODAYA U.S.A. CORPORAT 02875.11

(Form 990)	Complete i	f the organiz	ation ar	nswered "Yes" on Form 990, Part IV,	2022				
Department of the Treasury Internal Revenue Service         Attach to Form 990.           Go to www.irs.gov/Form990         for instructions and the latest information.							Open to Public Inspection		
Name of the organizatio		to www.irs.go	ov/Form	990 for instructions and the latest in	itormation.	Employer	-	tion number	
Hame of the organizatio						Linpleyer	luonineut		
SARVODAYA U.	S.A. CORP	ORATION	I			13-33			
		n Activitie	s Outs	side the United States. Comple	te if the organ	ization answ	/ered "Yes"	on	
	Part IV, line 14b.	ation maintai		s to substantiate the amount of its grar	ata and ather	aciatanaa			
-	•			ne selection criteria used to award the g			X Ye	s 🗌 No	
2 For grantmakers United States.	. Describe in Part '	V the organiza	ation's p	rocedures for monitoring the use of its	grants and ot	ner assistan	ce outside	the	
	ion. (The following	Part I, line 3 t	table car	n be duplicated if additional space is ne	eeded.)				
(a) Region	(b) Numbe offices in the reg	emplo	yees, s, and ndent ctors	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in gram service specific typ (s) in the reg	e, e: De in	(f) Total xpenditures for and nvestments n the region	
SOUTH ASIA -									
AFGHANISTAN,									
BANGLADESH, BHUTAN	,			GRANTS TO RECIPIENTS					
INDIA, MALDIVES,		0	0	LOCATED IN THE REGION				433,922.	
3 a Subtotal		0	0					433,922.	
<b>b</b> Total from continu sheets to Part I	lation	0	0					0.	
<b>c Totals</b> (add lines and 3b)		0	0					433,922.	

**Statement of Activities Outside the United States** 

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

Schedule F (Form 990) 2022

OMB No. 1545-0047

232071 10-17-22

SCHEDULE F (Form 990)

Part II 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>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH ASIA -	DISEASE PREVENTION IN					
		AFGHANISTAN,	SRI LANKA, WELFARE,					
		BANGLADESH,	DAY CARE, AND		ELECTRONIC			
		BHUTAN, INDIA,	NUTRITION CENTERS,	401,612.	FUNDS TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,	IMPROVE HEATH AND					
		BANGLADESH,	CIVIC EDUCATION AMONG		ELECTRONIC			
		BHUTAN, INDIA,	YOUTH IN NEPAL	32,310.	FUNDS TRANSFER	0.		_
2 Enter total number of	recipient organization	ns listed above that are	recognized as charities by the t	foreign country.	recognized as a tax	L L		
			or counsel has provided a sect			▶		
			·			•		(

SARVODAYA U.S.A. CORPORATION

13-3358148

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

chedule F (Form 990) 2022 SARVODAYA U.S.A. CORPORATION 13-3358148 Page	e 5
Part V Supplemental Information	
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.	
ART I, LINE 2:	
EMBERS OF THE ORGANIZATION'S GOVERNING BODY TRAVEL TO NEPAL AND TO SRI	
ANKA AT LEAST ONCE EACH YEAR TO VISIT THE RECIPIENT ORGANIZATIONS AND	
ONITOR THEIR ACTIVITIES.	
ART I, LINE 3:	
HE ORGANIZATION ACCOUNTS FOR EXPENDITURES BASED ON THE ACCRUAL METHOD OF	
CCOUNTING THAT IS USED FOR THE ORGANIZATION'S FINANCIAL STATEMENTS.	
ART II, COLUMN (D):	
A) REGION:	
OUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	
D) PURPOSE OF GRANT: DISEASE PREVENTION IN SRI LANKA, WELFARE, DAY	
ARE, AND NUTRITION CENTERS, AND ORPHANAGES.	

SCHEDULE O (Form 990)

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



SARVODAYA U.S.A. CORPORATION

Employer identification number 13-3358148

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FACILITATE THE APPLICATION OF THE MOVEMENT'S HOLISTIC COMMUNITY

DEVELOPMENT VISION AND PHILOSOPHY IN THE CULTURAL AND ECONOMIC CONTEXT

OF NORTH AMERICA.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PREPARED FORM 990 IS REVIEWED BY AN OFFICER OF THE GOVERNING BODY

BEFORE THE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A STATEMENT THAT

PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY

MEMBERS THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS OF THE GOVERNING

BODY MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND REVIEW ACTUAL

ANY PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING IN CONFLICTS.

THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION.

SECTION C, LINE 19: FORM 990, PART VI,

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. POLICY.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

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