	•	EXTENDED TO FEBRUARY 15, 20 Return of Organization Exempt From	<sup>24</sup> Income Tax	OMB No. 1545-0047	
Forr	n <b>9</b>	<b>YU</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e	xcept private foundations)	2022	
		Do not enter social security numbers on this form as it may	-	Open to Public	
		Go to www.irs.gov/Form990 for instructions and the lates e 2022 calendar year, or tax year beginning APR 1, 2022 and ending	MAR 31, 2023	Inspection	
_			-		
	heck if oplicab		D Employer identificati	on number	
	Addre	REALASHA EDUCATION FUND, INC.			
	Name Chang	pe Doing business as	13-3976569		
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/su			
	Final return		(917) 930-		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,699,882.	
	Amen return	NEW TORK, NI TOTIS	H(a) Is this a group retur		
	Applie tion pendi	F Name and address of principal officer: CAPIESH SKINI VASAN	for subordinates?		
		SAME AS C ABOVE	<b>H(b)</b> Are all subordinates includ		
			If "No," attach a list		
	Vebsi		H(c) Group exemption n		
			ar of formation: 1996 M St	ate of legal domicile: <b>N</b> Y	
Pa	rt I	Summary			
ė	1	Briefly describe the organization's mission or most significant activities: TO SUPPOR	T EDUCATIONAL	NO	
Governance	-	OPPORTUNITIES FOR UNDERDESERVED CHILDREN IN I	•		
ern	2	Check this box if the organization discontinued its operations or disposed of mo		. 14	
3oV		3       Number of voting members of the governing body (Part VI, line 1a)       3         4       Number of independent voting members of the governing body (Part VI, line 1b)       4			
8 (				<u>14</u>	
ties	-	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		<u>4</u> 14	
Activities &	6	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		0.	
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.	
			Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	2,857,995.	2,565,148.	
anı	9	Program service revenue (Part VIII, line 2g)	0.	0.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,591.	23,333.	
R		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,864.	-8,372.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,850,540.	2,580,109.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,700,082.	1,480,171.	
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	325,461.	271,412.	
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         Professional fundraising fees (Part IX, column (A), line 11e)         Total fundraising expenses (Part IX, column (D), line 25)	0.	0.	
led	b	Total fundraising expenses (Part IX, column (D), line 25) 148,835.			
ŵ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	96,938.	146,389.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,122,481.	1,897,972.	
		Revenue less expenses. Subtract line 18 from line 12	728,059.	682,137.	
or			Beginning of Current Year	End of Year	
t Assets or d Balances	20	Total assets (Part X, line 16)	2,904,487.	3,590,151.	
t As d Bi	21	Total liabilities (Part X, line 26)	16,512.	20,039.	
Fun	22	Net assets or fund balances. Subtract line 21 from line 20	2,887,975.	3,570,112.	
	rt II	Signature Block			
Unde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and state	ments, and to the best of my kno	owledge and belief, it is	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any k	nowledge.

Sign	Signature of officer		Date					
-	FALGUNI MALKANI, TREASURE	R						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	EVA MRUK	EVA MRUK	02/05/24 self-employed P00543254					
Preparer	Firm's name PKF O'CONNOR DAVI	ES ADVISORY, LLC	Firm's EIN 87-3231666					
Use Only	Firm's address 500 MAMARONECK AV	ENUE, SUITE 301						
	HARRISON, NY 1052	8-1633	Phone no. 914-381-8900					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
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

	990 (2022) AKANKSHA EDUCATION FUND, INC. 13-3976569 Page 2
Pa	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: TO SUPPORT EDUCATIONAL OPPORTUNITIES FOR UNDERDESERVED CHILDREN IN
	INDIA, AND RAISING SUPPORT FOR AND AWARENESS OF SUCH ACTIVITIES IN THE
	UNITED STATES.
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. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ 1,564,515. including grants of \$ 1,480,171. ) (Revenue \$ 0. )
	AKANKSHA EDUCATION FOUNDATION IS A NON-PROFIT ORGANIZATION WITH A
	MISSION TO PROVIDE CHILDREN FROM LOW-INCOME COMMUNITIES WITH A
	HIGH-QUALITY EDUCATION, ENABLING THEM TO MAXIMIZE THEIR POTENTIAL AND TRANSFORM THEIR LIVES. FOR OVER 30 YEARS, AKANKSHA HAS EDUCATED
	CHILDREN FROM LOW-INCOME COMMUNITIES ACROSS MUMBAI AND PUNE FIRST,
	THROUGH THEIR AFTER-SCHOOL CENTERS, AND SINCE 2007, THROUGH THE SCHOOL
	PROJECT. TODAY, THEY ARE ONE OF THE LARGEST URBAN NETWORKS OF
	PUBLIC-PRIVATE PARTNERSHIP SCHOOLS OF ITS KIND IN INDIA. CURRENTLY, THE
	FOUNDATION OPERATES 26 SCHOOLS, SERVING APPROXIMATELY 13,000 CHILDREN
	AND 5,100 ALUMNI. LOOKING AHEAD, THEY SEEK TO EXPAND THEIR NETWORK OF
	SCHOOLS, SHARE THEIR EFFECTIVE PRACTICES AND ADVOCATE FOR QUALITY
	SCHOOL REFORM FOR CHILDREN ACROSS INDIA.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:         ) (Expenses \$) (Revenue \$)
4.1	Other program comission (Deceribe on Schedule O.)
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses       1,564,515.
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⊢orm	990	(2022)

 Form 990 (2022)
 AKANKSHA EDUCATION FUND, INC.

 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		<u>X</u>
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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		<u> </u>
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		<u>X</u>
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,	110		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>		
U		11b		х
c	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			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		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	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		.,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
~~	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	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	04	x	
00000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	(2022)
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 AKANKSHA EDUCATION FUND, INC.
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 Part IV
 Checklist of Required Schedules (continued)
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	· (ontrada)			
			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		X
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? 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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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,	-20		
21	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		21		- 23
20	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</i>	000		x
	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV	28c 29		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
~	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X 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 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
35a	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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	<u>L</u>		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	기		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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<sup>2022.05040</sup> AKANKSHA EDUCATION FUND, 15011461

Form	990 (2022) AKANKSHA EDUCATION FUND, INC. 13-39	976569	F	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	4		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country	-		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
юа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		x
h	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6h		
7	Were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	<u>6b</u>		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pa	vor? 7a		x
a b				
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
U	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-			
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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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?	<u>13a</u>		
	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	_		
С	Enter the amount of reserves on hand	_		37
14a	Did the organization receive any payments for indoor tanning services during the tax year?			X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<u>14b</u>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	<b>v</b>
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities		1	
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
000000	If "Yes," complete Form 6069.	Earr	 990	(2022)
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2022.05040	AKANKSHA	EDUCATION	FUND,	15011461
			/	

AKANKSHA EDUCATION FUND, INC.

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

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

1a	Enter the number of voting members of the governing body at the end of the tax year	1a		14		Yes	N
	If there are material differences in voting rights among members of the governing body at the end of the tax year						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		v other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
	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 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?				6		X
7a							
	more members of the governing body?				7a		Z
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?				8a	Х	
	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue C	ode.)				
						Yes	
0a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, a	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before	filing the fo	orm?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflic	cts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // ")	Yes," des	scribe				
	on Schedule O how this was done				12c	Х	
3	Did the organization have a written whistleblower policy?				13	Х	
4	Did the organization have a written document retention and destruction policy?				14	Х	
5	Did the process for determining compensation of the following persons include a review and approva	al by inde	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
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.						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with	na				-
	taxable entity during the year?				<u>16a</u>		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 organ						
	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure	T T NT.7	NO D	× TTM			
			.NC.P/	Α, υτ			
7	List the states with which a copy of this Form 990 is required to be filed CA, FL, IL, MA, N					availa	ble
7	List the states with which a copy of this Form 990 is required to be filed <u>CA, FL, IL, MA, N</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and			01(c)(3)s	only)		
7	List the states with which a copy of this Form 990 is required to be filed <u>CA, FL, IL, MA, N</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply.	nd 990-T	(section 5	01(c)(3)s	only)		
7 8	List the states with which a copy of this Form 990 is required to be filed <u>CA, FL, IL, MA, N</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. <u>X</u> Own website <u>X</u> Another's website <u>X</u> Upon request Other <i>(explain</i> )	nd 990-T n on Sch	<sup>•</sup> (section 5 edule O)				
7 8	List the states with which a copy of this Form 990 is required to be filed <u>CA, FL, IL, MA, N</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. <u>X</u> Own website <u>X</u> Another's website <u>X</u> Upon request Other <i>(explain</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nd 990-T n on Sch	<sup>•</sup> (section 5 edule O)				
7  8  9	List the states with which a copy of this Form 990 is required to be filed <u>CA, FL, IL, MA, N</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. <u>X</u> Own website <u>X</u> Another's website <u>X</u> Upon request Other <i>(explair</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.	nd 990-T n on Scho onflict of	(section 5 edule O) interest po				
7 8	List the states with which a copy of this Form 990 is required to be filed <u>CA, FL, IL, MA, N</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. <u>X</u> Own website <u>X</u> Another's website <u>X</u> Upon request Other <i>(explain</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boot	nd 990-T n on Scho onflict of	(section 5 edule O) interest po				
7 8 9	List the states with which a copy of this Form 990 is required to be filed <u>CA, FL, IL, MA, N</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. <u>X</u> Own website <u>X</u> Another's website <u>X</u> Upon request Other <i>(explair</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.	nd 990-T n on Scho onflict of	(section 5 edule O) interest po				

Form 990 (	2022)
Part VII	Coi

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.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				ne	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	or/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	96			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t com		1099-NEC)		and related organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SEJAL DESAI	40.00				Ť	1 0	ш			
EXECUTIVE DIRECTOR				x				158,487.	0.	7,233.
(2) SHANKAR IYER	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) BHARTI MALKANI	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) KATE SHOEMAKER	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) FALGUNI MALKANI	5.00									
TREASURER		Х		Х				0.	0.	0.
(6) NYMRATA ADVANI	1.00									
DIRECTOR		Х						0.	0.	0.
(7) LORIE BROSER	1.00									
DIRECTOR		Х						0.	0.	0.
(8) SACHIN JINDAL	1.00									
DIRECTOR		Х						0.	0.	0.
(9) NATHALIE JOSEPH	1.00									
DIRECTOR		Х						0.	0.	0.
(10) RUYINTAN MEHTA	1.00									
DIRECTOR		Х						0.	0.	0.
(11) AMIR MIRZA	1.00									
DIRECTOR		Х						0.	0.	0.
(12) MEDHA PRAKASH	1.00									
DIRECTOR		Х						0.	0.	0.
(13) SRIVIDYA PRAKASH	1.00									
DIRECTOR		Х						0.	0.	0.
(14) SARAH H. ROBERTS	1.00									
DIRECTOR		Х						0.	0.	0.
(15) RAMESH SRINIVASAN	1.00									
DIRECTOR		Х						0.	0.	0.
										<b>F 990</b> (2020)

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232007 12-13-22

Form 990 (2022)

	990 (2022) AKANKSHA	EDUCATI	ON	F	UN	D,	II	NC	•	13-39	76	569	Pa	age <b>8</b>
Parl	VII Section A. Officers, Directors, Trust	ees, Key Emp	ploye	ees,	and	Hig	phest	t Co	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	age (do not check more than o box, unless person is both			than or s both	an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other			
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	ons compensation IISC/ from the			
					_	_								
	Subtotal Total from continuation sheets to Part VII								158,487.		0.	-	7,23	<u>33.</u> 0.
	Total (add lines 1b and 1c)							•	158,487.		0.	5	7,23	
	Total number of individuals (including but no compensation from the organization							o reo	ceived more than \$100,	000 of reportable				1
	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su	-			•	-		Ŭ	• •	•		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl ,000? <i>If</i> "Yes,	e co " co	mpe <i>mpl</i> e	nsat ete S	tion a	and o <i>dule</i>	othe J fc	er compensation from the such individual	ne organization		4	x	
5	Did any person listed on line 1a receive or a											5		Х
Sect	rendered to the organization? If "Yes, " com ion B. Independent Contractors	olete Schedule	<u>ə J T</u>	or su	<u>cn p</u>	bersc	<u></u>			<u></u>		5		- 21
	Complete this table for your five highest cor the organization. Report compensation for t										ensat	ion fro	m	
	(A) Name and business			ONE					(B) Description of s		С	(C omper		n
	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nited	to t	hose 0		ed a	above) who received mo	ore than			200	

Form **990** (2022)

232008 12-13-22

			AKANKSHA EDUC	ATION FU	ND, INC.		13-3976	569 Page <b>9</b>
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin			(2)	
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns 1a					
rani			Membership dues 1b					
¶ Mg		с	Fundraising events 1c	465,421.				
ar <i>I</i>			Related organizations 1d					
is, 0		е	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, grants, and similar amounts not included above <b>If 2</b> ,	099,727.				
diti		g	Noncash contributions included in lines 1a-1f					
ы С В		h	Total. Add lines 1a-1f		2,565,148.			
				Business Code				
ice	2	a						
er v ue		b						
m S ven		C d						
Program Service Revenue		d e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere					
			other similar amounts)		24,010.			24,010.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
	-		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	· '	a	assets other than inventory <b>7a</b> 110,724.	.,				
		b	Less: cost or other basis					
ē		~	and sales expenses					
venue		с	Gain or (loss)					
			Net gain or (loss)		-677.			-677.
Other Re	8		Gross income from fundraising events (not					
₹			including \$ 465,421. of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b	-	-8,372.			0 272
	_		Net income or (loss) from fundraising events	Τ	-0,372.			-8,372.
	9	а	Gross income from gaming activities. See Part IV, line 19 9a					
		þ	Part IV, line 19 9a Less: direct expenses 9b					
	10		Gross sales of inventory, less returns					
			and allowances 10a	a				
		b	Less: cost of goods sold 10k	D				
			Net income or (loss) from sales of inventory					
s				Business Code				
eou	11							
llan.		b						
Miscellaneous Revenue		С						
Ξ			All other revenue					
	12		Total. Add lines 11a-11d		2,580,109.	0.	0.	14,961.
23200					_,,			Form <b>990</b> (2022)

AKANKSHA EDUCATION FUND, 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).

INC.

	Check if Schedule O contains a respons	se or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) 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	235,000.	235,000.		
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	1 045 151	1 045 151		
	individuals. See Part IV, lines 15 and 16	1,245,171.	1,245,171.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	169,269.	22 054	22 051	101,561
~	trustees, and key employees	109,209.	33,854.	33,854.	101,501
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)	80,570.	42,538.	23,320.	14,712
7 8	Other salaries and wages Pension plan accruals and contributions (include	00,070.		23,320.	<u> </u>
0	section 401(k) and 403(b) employer contributions)	1,826.	1,826.		
9	Other employee benefits	917.	1,020•	917.	
9 10	Payroll taxes	18,830.	2,024.	5,771.	11,035.
11	Fees for services (nonemployees):				,
	Management				
b					
c		44,400.		44,400.	
	Lobbying	,		,	
e					
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.)	53,692.	365.	51,337.	1,990.
12	Advertising and promotion				
13	Office expenses	21,495.	12.	12,521.	8,962.
14	Information technology	8,249.		5,720.	2,529.
15	Royalties				
16	Occupancy				
17	Travel	17,703.	3,725.	5,932.	8,046.
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	050		050	
23		850.		850.	
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.)				
а					
b					
с					
d					
е	All other expenses	4 005 054	4 - 64 - 45		4.4.6
25	Total functional expenses. Add lines 1 through 24e	1,897,972.	1,564,515.	184,622.	148,835.
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)				Form <b>990</b> (2022

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2022.05040 AKANKSHA EDUCATION FUND, 15011461

AKANKSHA E	DUCATION	FUND,	INC
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13-3976569 Page 11

		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		241,050.	1	139,766.
	2	Savings and temporary cash investments	1,778,550.	2	2,253,580.	
	3	Pledges and grants receivable, net		883,063.	3	1,161,716.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa				
		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	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9			1,824.	9	1,389.
		Land, buildings, and equipment: cost or other		•	_	
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11				11	10,017.
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		0.	15	23,683.
	16	Total assets. Add lines 1 through 15 (must equa		2,904,487.	16	3,590,151.
	17	Accounts payable and accrued expenses		16,512.	17	20,039.
	18	Grants payable		- <b>,</b> -	18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst				
ilidi		controlled entity or family member of any of thes			22	
Lia	23	Secured mortgages and notes payable to unrelative			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines				
		of Schedule D	, .		25	
	26	Total liabilities. Add lines 17 through 25		16,512.	26	20,039.
		Organizations that follow FASB ASC 958, che		•		,
es		and complete lines 27, 28, 32, and 33.				
anc	27			1,872,469.	27	2,385,255.
3ali	28	Net assets with donor restrictions		1,015,506.	28	1,184,857.
lpc		Organizations that do not follow FASB ASC 9		· · ·		
Бu		and complete lines 29 through 33.	,			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
iets	30	Paid-in or capital surplus, or land, building, or eq			30	
Ass	31	Retained earnings, endowment, accumulated inc			31	
let	32			2,887,975.	32	3,570,112.
2	33			2,904,487.	33	3,590,151.
Ne		Total net assets or fund balances				3,570,112.

Form **990** (2022)

Form 990 (2022)
Part X Balance Sheet

Form	990 (2022) AKANKSHA EDUCATION FUND, INC.	13-	3976569	Page <b>12</b>
Par	t 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	2,580	) <u>,109.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		,972.
3	Revenue less expenses. Subtract line 2 from line 1	3		2,137.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,887	,975.
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		
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	3,570	),112.
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
				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	О.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	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?		За	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			
			_	

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form	990)
(	

## **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.

2022	
Open to Public Inspection	

OMB No. 1545-0047

Name of the organization Employer identification number									
		AKAN	KSHA EDUCA	FION FUND, IN	NC.				3-3976569
Par	tl	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)			
1 [		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2 [		A school described in section	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4 [		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
_		city, and state:							
5		An organization operated for section 170(b)(1)(A)(iv). (C		lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
6		A federal, state, or local gov		nental unit described in	section 17	'0(b)(1)(A)	(v).		
7	Χ	An organization that norma	-					ne general p	oublic described in
-		section 170(b)(1)(A)(vi). (C	•		0			0 1	
8 [		A community trust describe		1)(A)(vi). (Complete Par	t II.)				
9 [		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or
		university:							
10 [		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
г		See section 509(a)(2). (Cor							
11 [		An organization organized a	-	•	•				_
12		An organization organized a	-	-	-			•	
		more publicly supported or	-						Sheck the box on
-		lines 12a through 12d that						-	
а		<b>Type I.</b> A supporting orga	-	-	•	-			
		the supported organization organization. You must o			majonty o	i the direc		es of the st	ipporting
b		<b>Type II.</b> A supporting org			ion with its	sunnorte	nd organization	n(s) hy hay	vina
D	L	control or management o	-				•		•
		organization(s). You mus				10 1141 00			
с		Type III functionally inte	-		in connect	ion with. a	and functional	lv integrate	ed with.
-		its supported organization						.,	
d		] Type III non-functionally		-				ted organiz	zation(s)
		that is not functionally int						-	
		requirement (see instructi			•		-		
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supportin	ng organiz	ation.			
f	Ente	r the number of supported o	organizations						
g		ride the following information			(iv) Is the orga	nization listed			
	(1	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	2	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No		1311 40110113)	
Total									

Part II

AKANKSHA EDUCATION FUND, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	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						
	include any "unusual grants.")	2352406.	1738623.	1657367.	2857995.	2565148.	11171539.
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	2352406.	1738623.	1657367.	2857995.	2565148.	11171539.
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)						2747216.
	Public support. Subtract line 5 from line 4.						8424323.
	ction B. Total Support	1					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	2352406.	1738623.	1657367.	2857995.	2565148.	11171539.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		21 024	4 100	0.4.2	04 010	
	and income from similar sources	19,577.	31,934.	4,182.	843.	24,010.	80,546.
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.)						11252085.
	Total support. Add lines 7 through 10						<u>µ1232085.</u>
12	,		,			12	
13	First 5 years. If the Form 990 is for the	-		-			
Sec	organization, check this box and stor ction C. Computation of Publi						·····
	Public support percentage for 2022 (I		-	olumn (f))		14	74.87 %
	Public support percentage from 2021			(77)		15	75.87 %
	<b>33 1/3% support test - 2022.</b> If the o						
	stop here. The organization qualifies	-					V
b	<b>33 1/3% support test - 2021.</b> If the o		•				
	and <b>stop here.</b> The organization gual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
b	0 10% -facts-and-circumstances test	- <b>2021.</b> If the org	anization did not c	heck a box on line			
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	k this box and <b>st</b>	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2022

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Section A. Public Support

Calendar year (or fiscal year beginning in)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose

<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	<del></del>	1		T	1	<del></del>
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						<u> </u>
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> </ul>						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizati	on,
check this box and stop here						
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2022 (	line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Income	e Percentage			<u>.                                    </u>	
17 Investment income percentage for 2	022 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
<b>18</b> Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If the	organization did r				33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, che	eck this box and st	t <b>op here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20 Private foundation. If the organization			-		-	
232023 12-09-22		16				A (Form 990) 2022
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(a) 2018

(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.)

(b) 2019

(c) 2020

(d) 2021

#### Schedule A (Form 990) 2022 AKANKSHA EDUCATION FUND, INC.

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(f) Total

(e) 2022

Schedule A (Form 990) 2022

Part IV | Supporting Organizations

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.

AKANKSHA EDUCATION FUND, INC.

(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.)

- 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.)

17

232024 12-09-22

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

| 10b | | Schedule A (Form 990) 2022

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Schedule A	(Form 990)	2022	AKANKSHA	EDUCATION	FUND,	INC.
Part IV	Suppor	ting Organiza	ations (continue	ed)		

1

2

V. N

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

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, 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 organization

supervised	1. or controlled	the supporting	organization.	
Section C. T	ype II Supp	orting Orga	nižations	

 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 organization 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 managed
 Image: Control organization or trustees during the tax year also a majority of the directors or trustees of each of the supported organization was vested in the same persons that controlled or managed
 Image: Control organization or trustees during the tax year also a majority of the directors or trustees of each of the supported organization was vested in the same persons that controlled or managed
 Image: Control organization organi

Section D. All Type III Supporting Organizations	

			res	INO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

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

see instructions).
see

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

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

- 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.* 

2a \_\_\_\_\_\_ 2b \_\_\_\_\_ 3a \_\_\_\_\_ 3b \_\_\_\_\_

Yes No

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15011461

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

AKANKSHA EDUCATION FUND, INC.

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

7 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) 2022

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Schedule A (Form 990) 2022

1

AKANKSH	A EDUCATIO	ON FUND,	INC.

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_		ATION FUND, INC			<u>3-3976569</u> р	age <b>7</b>
Par	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a)(3) Supporting Orga	nizations (continu	ied)		
Secti	on D - Distributions				Current Year	
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e 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		1	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 202	2
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: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
с	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:					
а	Excess from 2018					
b	Excess from 2019					
c	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

Part VI	Form 990) 2022	AKANKSHA	EDUCATION	FUND, 1	INC.	13-3976569 Page <b>8</b>
	Supplemental I Part IV, Section A, li line 1; Part IV, Sectio	<b>nformation.</b> Provide nes 1, 2, 3b, 3c, 4b, 4c, on D, lines 2 and 3; Part , and 8; and Part V, Sec	the explanations re 5a, 6, 9a, 9b, 9c, 11 IV, Section E, lines tion E, lines 2, 5, an	equired by Part Ia, 11b, and 11 1c, 2a, 2b, 3a, d 6. Also comp	II, line 10; Part II, line 1 c; Part IV, Section B, lii and 3b; Part V, line 1; F lete this part for any ad	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, ?art V, Section B, line 1e; Part V, ditional information.

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SCHEDULE D (Form 990)	Complete if the organ	Il Financial Statement nization answered "Yes" on Form 990, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1	,	OMB No. 154
Department of the Treasury Internal Revenue Service	A	ttach to Form 990. ) for instructions and the latest inform		Open to F Inspection
Name of the organization	n AKANKSHA EDUCATION	FUND, INC.	Emplo	yer identification $13 - 397656$
	tions Maintaining Donor Advised answered "Yes" on Form 990, Part IV, line		s or Accounts	Complete if the
		(a) Donor advised funds	(b) Funds	and other account

		(a) Donor advised	d funds	(b) Fund	ds and other accounts	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets hel	d in donor advised fur	ds		
	are the organization's property, subject to the organization's	exclusive legal control?			Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gra	nt funds can be used o	only		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any	/ other purpose confer	ring		
_	impermissible private benefit?				Yes	No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, Part IV	/, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of a hist	orically i	mportant land area	
	Protection of natural habitat		Preservation of a cer	tified his	toric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribu	ition in the form of a co			
	day of the tax year.				Held at the End of the Tax Y	ear
а	Total number of conservation easements			2a		
b				2b		
С	Number of conservation easements on a certified historic stru			2c		
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and no	ot on a			
_				2d		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or te	erminated by the organ	ization o	during the tax	
_	year					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per					
•	violations, and enforcement of the conservation easements it					No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nanoling of violations, an	d enforcing conservati	on ease	nents during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enf	orcina conservation e	soment	s during the year	
•	Amount of expenses meaned in monitoring, inspecting, nane			13Cment	s during the year	
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements	s of section 170(h)(4)(E	s)(i)		
-	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footr					
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Other S	Similar	Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	nue statement and ba	lance sh	eet works	
	of art, historical treasures, or other similar assets held for put	olic exhibition, education,	or research in furthera	nce of p	ublic	
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that desc	ribes these items.			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and balance	e sheet	works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtheranc	e of pub	lic service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1				S	
				\$	S	
2	If the organization received or held works of art, historical treater	asures, or other similar as	sets for financial gain,	provide		
	the following amounts required to be reported under FASB A	-				
	Revenue included on Form 990, Part VIII, line 1					
		· =				
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		:	Schedule D (Form 990) 2	.022
232051	09-01-22	28				
		40				

2022.05040	AKANKSHA	EDUCATION	FUND,

15011461

OMB No. 1545-0047

Open to Public Inspection

Employer identification number <u>13-397</u>6569

22

	dule D (Form 990) 2022 AKANKSH	A EDUCATIO	N FUI	ND, IN	С.	-		13-39			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Simila	Assets	contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following tha	t make sigi	nificant ι	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c	я 🛄	Loan or exc	change progra	am					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	n how th	ney further t	he organizatio	on's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit of							_	-	_	_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	e organizatio	on answered	"Yes" on F	orm 990	, Part IV, I	line 9, or		
1a	Is the organization an agent, trustee, custodia								_	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able:							
									Amoun	t	
	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
	Ending balance						f		7.4		٦
	Did the organization include an amount on Fo					-		∟	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete in										
1 41		(a) Current year	1	Prior year	(c) Two yea			ears hack	(e) Four	vears	hack
10	Paginning of year balance	(a) ourient year		nor year						yours	buok
	Beginning of year balance										
	Contributions Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
e											
f	and programs Administrative expenses										
	End of year balance										
g 2	Provide the estimated percentage of the curr	ent year end balanc	l o (lino 1)	a column (s	)) held as:						
ے a	Board designated or quasi-endowment		% %	y, column (a							
a h	Permanent endowment	%	/0								
с С		%									
U	The percentages on lines 2a, 2b, and 2c show	, -									
30	Are there endowment funds not in the posses		ation tha	t are held a	nd administer	red for the					
ou	organization by:			a a c noid a					ſ	Yes	No
	(i) Unrelated organizations								3a(i)		<u> </u>
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										L
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	), Part IV	/, line 11a. S	See Form 990	), Part X, lir	ne 10.				
	Description of property	(a) Cost or c	other	(b) Cos	t or other	(c) Acc	cumulate	ed	(d) Boo	k valu	ie
		basis (investr		• •	(other)		eciation		.,		
1a	Land										
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B). line 1	10c.)						0.
					,			Schedule	D (Forn	n 990)	) 2022

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			-
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
<b>total</b> . (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" ( (a)	on Form 990, Part IV, line 1 Description	1d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
(1)			
(2)			
(3)			
(4)			
(4) (5)			
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability			(b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability			(b) Book value
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability			<b>(b)</b> Book value
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes			(b) Book value
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2)			(b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) (3)			(b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)			(b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			(b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			(b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			(b) Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

232053 09-01-22

12070208 756359 1501146.000

# Other Coourities

Sche	edule D (Form 990) 2022 AKANKSHA EDUCATION FUND, INC	•	13-	3976569 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statement	s With Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	2,590,379.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d				
е	Add lines <b>2a</b> through <b>2d</b>		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>		3	2,590,379.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b -10,270		
с	Add lines <b>4a</b> and <b>4b</b>		4c	-10,270.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,580,109.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemen	ts With Expenses per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	1,908,242.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1,900,242.
а	Amounts included on line 1 but not on 1 on 1 350, 1 at 1X, line 25.			1,900,242.
	Donated services and use of facilities	2a		1,900,242.
b	Donated services and use of facilities	2a 2b		1,900,242.
b c	Donated services and use of facilities Prior year adjustments	2b 2c		1,900,242.
	Donated services and use of facilities Prior year adjustments	2b	-	
	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2b	2e	10,270.
c d	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2b         2c           2d         10,270		
c d e	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2b         2c           2d         10,270	2e	10,270.
c d e 3	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2b         2c           2d         10,270	2e	10,270.
c d e 3 4	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2b           2c           2d           10,270	2e	10,270.
c d e 3 4 a	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2b         2c           2d         10,270           4a         4b	2e	<u>    10,270.</u> <u>   1,897,972.</u> 0.
c d e 3 4 a b c 5	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2b         2c           2d         10,270           4a         4b	2e 3	10,270.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART X, LINE 2:

THE FUND RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE
POSITIONS ARE MORE LIKELY NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED
THAT THE FUND HAD NO UNCERTAIN POSITIONS THAT WOULD REQUIRE FINANCIAL
STATEMENT RECOGNITION OR DISCLOSURE. THE FUND IS NO LONGER SUBJECT TO
EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIOD PRIOR TO
2020.
PART XI, LINE 4B - OTHER ADJUSTMENTS:

### MISCELLANEOUS ADJUSTMENT TO PART VIII, LINE 1H

|--|

PART XII,	LINE	2D	-	OTHER	ADJUSTMENTS:	
232054 09-01-22						Schedule D (Form 990) 2022

chedule D (Form 990) 2022 Part XIII Supplemental Inform	AKANKSHA EDUCATION FUND, INC. nation (continued)	13-3976569 <sub>Page</sub>
	MENT TO PART VIII, LINE 1H	10,270.

32 2022.05040 AKANKSHA EDUCATION FUND, 15011461

232055 09-01-22

SCHEDULE F (Form 990)Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.			OMB No. 1545-0047			
Department of the Treasury	_		Attach to Form 990.			pen to Public
Internal Revenue Service		ww.irs.gov/Form	990 for instructions and the latest in	nformation.		spection
Name of the organization					Employer idei	ntification number
AKANKSHA EDUC	CATION FUND	, INC.			13-3976	569
Part I General I	nformation on A	ctivities Out	side the United States. Comple	te if the organ	ization answered	l "Yes" on
	Part IV, line 14b.					
-	-		ds to substantiate the amount of its gran the selection criteria used to award the g			X Yes No
2 For grantmakers. United States.	Describe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance o	utside the
			n be duplicated if additional space is no			
(a) Region	(b) Number of offices in the region	employees,	(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 (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
~~~~~						1 045 151
SOUTH ASIA	0	0	GRANTMAKING			1,245,171.
	0	0				1,245,171.
<b>3 a</b> Subtotal <b>b</b> Total from continua						-, 2=3, 1/1.
sheets to Part I	0	0				0.
c Totals (add lines 3	a	0				1 245 171

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

Schedule F (Form 990) 2022

232071 10-17-22

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		<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)
			SUPPORT FOR THE GRANTEE'S EDUCATIONAL PROGRAMS	1245171.	WIRE	0.		
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	recognized as charities by the f or counsel has provided a sect	ion 501(c)(3) equ	ivalency letter			<u>1</u> 0

Schedule F (Form 990) 2022

13-3976569

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

Schedule F (Form 990) 2022

Part IV	Foreign Form	S			
Schedule F	(Form 990) 2022	AKANKSHA	EDUCATION	FUND,	INC.

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? If "Yes,"		
	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)	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? If "Yes," 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)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	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)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

232074 10-17-22

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.

PART I, LINE 2:

THE FUND'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE OF THE UNITED STATES BEGIN BEFORE A GRANT IS APPROVED. PROPOSED GRANTS ARE REVIEWED BY FUND OFFICERS AND THE FUND BOARD BOTH INFORMALLY IN DIALOGUE WITH OFFICIALS OF THE RECIPIENT AND BY MEANS OF A FORMAL GRANT APPLICATION/GRANT AGREEMENT PROCESS. UNDER THE GRANT APPLICATION, SPECIFIC USES FOR THE FUNDS SOUGHT ARE DISCLOSED, AND SUCH USES ARE FURTHER RESTRICTED UNDER THE GRANT AGREEMENT IN ORDER TO REQUIRE CHARITABLE USE UNDER U.S. STANDARDS. THE GRANT AGREEMENT, AMONG OTHER THINGS, ALSO REQUIRES DETAILED PERIODIC REPORTING FROM THE RECIPIENT TO THE FUND ON THE ACTUAL USE OF THE GRANT FUNDS AND OTHER RELATED MATTERS, AUTHORIZES ACCESS BY THE FUND TO THE RECIPIENT'S RELEVANT BOOKS AND RECORDS TO VERIFY COMPLIANCE WITH THE GRANT AGREEMENT, AUTHORIZES THE FUND TO DISCONTINUE FUNDING UPON ANY NON-CHARITABLE USE AND OBLIGATES THE RECIPIENT TO RETURN TO THE FUND THE AMOUNT OF ANY GRANT NOT PROPERLY APPLIED. THESE PROCEDURES ARE BACKED UP BY REGULAR DIALOGUE (BY CORRESPONDENCE, TELEPHONE AND IN PERSON) BETWEEN THE FUND AND OFFICIALS OF THE RECIPIENT, AS WELL AS BY FUND SUPERVISORY VISITS TO OFFICES AND OPERATIONAL SITES OF THE RECIPIENT.

PART I, LINE 3:

THE GRANT EXPENSES REPORTED IN PART I, LINE 3 AND PART II ARE ACCOUNTED

FOR USING THE ACCRUAL METHOD OF ACCOUNTING IN CONFORMITY WITH THE

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES AUDITED FINANCIAL STATEMENTS.

232075 10-17-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047			
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, or if the	2022			
Department of the Treasury	C	Open to Public								
Internal Revenue Service		o www.irs.gov/Form990 for instrue	ctions	and th	ne latest information		Inspection			
Name of the organization			TNO				identification number			
Part I Fundrais		A EDUCATION FUND, Complete if the organization answe			Earm 000 Dart IV/ I	13-39				
	complete this part		reu r	85 01	1 FOITH 990, Fait IV, I		EZ mers are not			
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization key employees list</li> <li>b If "Yes," list the 10</li> </ul>	b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events									
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ntrol of	(iv) Gross receipts from activity	(v) Amount pa to (or retained l fundraiser listed in col. (	by) to (or retained by)			
			Yes	No						
Total		1	1	1						
	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt fror	ו registration			

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

Schedule G (Form 990) 2022

232081 10-27-22

AKANKSHA EDUCATION FUND, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

_ I.			(a) Event #1	(b) Event #2	(c) Other events	
			STRONGER		.,	(d) Total events
			TOGETHER + I	GALA	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Hevenue	1	Gross receipts	418,729.	46,692.		465,421
	2	Less: Contributions	418,729.	46,692.		465,421
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
oenses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	5,600.	1,175.	1,087.	7,862
أ	8	Entertainment				
	9	Other direct expenses		299.	199.	510
	10	Direct expense summary. Add lines 4 through	ļ			8,372
						-8,372
Т		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Hevenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
ř	1	Gross revenue				
es	2	Cash prizes				
Ulrect Expenses	3	Noncash prizes				
Ulrect F	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	Ent	er the state(s) in which the organization condu	ucts gaming activities:			
•		he organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes N
а						
а		No," explain:				
a b )a	lf "I			rminated during the tax y	ear?	Yes N
a b a	lf "I	No," explain:		rminated during the tax y	ear?	Yes N

Schedule G (Form 990) 2022	AKANKSHA	EDUCATION FUND, INC.	13-3976569 Page 3
<b>11</b> Does the organization conduct		n nonmembers?	Yes No
		f a trust, or a member of a partnership or other entity formed	
			Yes No
<b>13</b> Indicate the percentage of gam			
		ares the organization's gaming/special events books and reco	
14 Enter the name and address of	the person who prep	ares the organization's garning/special events books and recor	us.
Name			
Address			
<b>15a</b> Does the organization have a co	ontract with a third p	arty from whom the organization receives gaming revenue? $\dots$	Yes No
<b>b</b> If "Yes," enter the amount of ga			nount
of gaming revenue retained by t c If "Yes," enter name and addres			
C II Yes, enter hame and addres	ss of the third party.		
Name			
Address			
<b>16</b> Gaming manager information:			
Name			
Gaming manager compensatior	ר \$		
Description of convision provider	4		
Description of services provided	u		
Director/officer	Employee	Independent contractor	
<b>17</b> Mandatory distributions:			
		charitable distributions from the gaming proceeds to	
retain the state gaming license?			
	•	te law to be distributed to other exempt organizations or spent	in the
organization's own exempt active Part IV Supplemental Info		rear \$ the explanations required by Part I, line 2b, columns (iii) and (v	) and Part III lines 9 9b 10b
		rovide any additional information. See instructions.	, and r art in, intes 5, 55, 165,
232083 10-27-22		40	Schedule G (Form 990) 2022
		40	

Schedule G	G (Form	990
<b>D</b> /		

Part IV	Supplemental Information (co	ontinued)		
				_
232084 04-01-	-22			Schedule G (Form 990)
			41	

SCHEDULE I (Form 990)												
Department of the Treasury		-	Attach to Form				Open to Public					
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.												
Name of the organization AKANKSHA EDUCATION FUND, INC. Employer identification 13-397												
Part I General Information on Grants a		•				•						
<ol> <li>Does the organization maintain records a criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro-</li> </ol>	stance?	oring the use of grant	funds in the United	States.			X Yes No					
Part II Grants and Other Assistance to recipient that received more than S					anization answered "Y	es" on Form 990, Part	IV, line 21, for any					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance					
AAM FOUNDATION, USA 7110 REDWOOD BOULEVARD, SUITE A NOVATO, CA 94945	94-3352261	501(C)(3)	200,000.	0.			TO SUPPORT THE ANNUAL OPERATING EXPENSE OF THE PROJECT AND HELPING GIRLS EWS STUDENTS WHO ASPIRE					
TOWNS - THE ONE WORLD NETWORK OF SCHOOLS - 620 FLORIDA STREET, SUITE 110 - BATON ROUGE, LA 70801	46-3104577	501(C)(3)	35,000.	0.			TO SUPPORT THE FUND'S MISSION OF ADVANCING EDUCATIONAL OUTCOMES FOR DISADVANTAGED CHILDREN IN					
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization:</li> </ul>		•	I e line 1 table				<u> </u>					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I	(Form 990)	) 2022
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Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	

PART I, LINE 2:

A REPORT ON THE ONE WORLD'S PROGRESS IN ACCOMPLISHING THE PURPOSES OF THE

GRANT, TOGETHER WITH A FULL AND COMPLETE REPORT ON THE EXPENDITURE AND

UTILIZATION OF THE AVAILABLE FUNDS FROM THE GRANT (AND CONFIRMING THAT SUCH

EXPENDITURES HAVE BEEN MADE IN ACCORDANCE WITH THE GRANT AGREEMENT) AND THE

NUMBER AND A DESCRIPTION OF THE PERSONS BENEFITING FROM THE GRANT AT THE

END OF THE GRANT PERIOD.

PART II, LINE 1, COLUMN (H):

Schedule		m 990) 🛛 🗛	KANKSHA	EDUCATIO	ON F	UND,	INC.		13-3976569	Page <b>2</b>
Part IV	V   S	upplemental Inform	ation							
NAME	OF	ORGANIZATION	OR GOVE	ERNMENT:	AAM	FOUN	DATION,	USA		

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ANNUAL OPERATING

EXPENSE OF THE PROJECT AND HELPING GIRLS EWS STUDENTS WHO ASPIRE TO

ATTEND TOP LIBERAL ARTS SCHOOLS IN INDIA, US, UK AND AUSTRALIA

NAME OF ORGANIZATION OR GOVERNMENT:

TOWNS - THE ONE WORLD NETWORK OF SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE FUND'S MISSION OF

ADVANCING EDUCATIONAL OUTCOMES FOR DISADVANTAGED CHILDREN IN INDIA.

Schedule I (Form 990)

sc	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47	
(Fo	rm 990)		2022				
-	-	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		ZU	22		
Dene	transfelder Transferrer	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic	
	tment of the Treasury al Revenue Service		Inspe	ction			
Nan	ne of the organization	1	Employer identification numb				
_		AKANKSHA EDUCATION FUND, INC.	13-3	397656	9		
Pa	rt I Question	s Regarding Compensation					
				_	Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	harter travel Housing allowance or residence for perso	nal use				
	Travel for com		sidence				
		ation and gross-up payments					
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)				
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or					
_				1b		<u> </u>	
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
~							
3		ny, of the following the organization used to establish the compensation of the organization's					
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization of the OFO (Fuer view Directory but eveloping a part III)	on to				
	· · ·	ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation						
	X Form 990 of o		ommittoo				
			ommittee				
л	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
-	organization or a re						
а	-	e payment or change-of-control payment?		4a		x	
b		eive payment from a supplemental nonqualified retirement plan?				X	
c		eive payment from an equity-based compensation arrangement?				x	
•		les 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r						
а	The organization?			5a		X	
		ation?				X	
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r	et earnings of:					
а	The organization?			6a		X	
		ation?				X	
		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		ies 5 and 6? If "Yes," describe in Part III		7	_	X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ie				
				8		X	
9		d the organization also follow the rebuttable presumption procedure described in					
		53.4958-6(c)?				Ĺ	
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n <b>990</b> )	2022	

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Schedule J (Form 990) 2022

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### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SEJAL DESAI	(i)	158,487.	0.	0.	7,233.	0.	165,720.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							

Schedule J (Form 990) 2022

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

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.



13-3976569

AKANKSHA EDUCATION FUND, INC.

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

SUPPORT FOR AND AWARENESS OF SUCH ACTIVITIES IN THE UNITED STATES.

THROUGH ITS ACTIVITIES, AKANKSHA EDUCATION FUND INC. ENABLES SOME OF

THE MOST MARGINALIZED CHILDREN IN THE WORLD TO MAXIMIZE THEIR POTENTIAL

AND TRANSFORM THEIR LIVES.

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

THE AKANKSHA EDUCATION FUND HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO ALL MEMBERS OF THE BOARD FOR REVIEW. ONCE THE RETURN IS APPROVED BY THE BOARD OR ITS DULY AUTHORIZED BOARD COMMITTEE, THE RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO MAKE DISCLOSURES AS OFFICERS, NEEDS ARISE AND TO REFRAIN FROM PARTICIPATION IN DECISION-MAKING (APART FROM PROVIDING INFORMATION) WHILE THE MATTER IS REVIEWED AND ANY RELATED ACTION TAKEN. AFTER THE INITIAL DISCLOSURE, THE AFFECTED INTERESTED PERSON IS REQUIRED TO PROVIDE ADDITIONAL INFORMATION, INCLUDING FULL DISCLOSURE OF ANY TRANSACTION AND RELATED INFORMATION WHICH MAY BE REQUESTED. DISCLOSURES ARE NORMALLY REFERRED INITIALLY TO THE FINANCIAL CONTROLS COMMITTEE, WHICH CONDUCTS A FULL REVIEW AND MAKES RECOMMENDATIONS AS TO WHETHER ANY ACTIONS INVOLVED WOULD BE IN THE BEST INTERESTS OF THE FUND WITH OR WITHOUT LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 232211 10-28-22

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Name of the organization	Page 2 Employer identification number
AKANKSHA EDUCATION FUND, INC.	13-3976569
	10 00 000
ADDITIONAL CONDITIONS. THE FUND'S BOARD OF DIRECTORS (WHIC	H MAY ALSO, IF IT
WISHES, PERFORM ALL OR PART OF THE FULL REVIEW NORMALLY DO	NE BY THE
FINANCIAL CONTROLS COMMITTEE) THEN CONSIDERS THE MATTER, T	OGETHER WITH ANY
FINANCIAL CONTROLS COMMITTEE RECOMMENDATION, AND MAKES ANY	DECISIONS
INDICATED BY THE CIRCUMSTANCES.	

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE OF THE BOARD (PRESIDENT, VP, TREASURER AND SECRETARY) SERVE AS THE PERSONNEL COMMITTEE FOR SETTING COMPENSATION FOR THE EXECUTIVE DIRECTOR. THE COMMITTEE BASES COMPENSATION ON INDUSTRY STANDARDS, LEVEL OF EXPERIENCE, AND COST AND BENEFIT TO THE ORGANIZATION. THE EXECUTIVE COMMITTEE ALSO CONDUCTS AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR'S PERFORMANCE AND AS PART OF THAT PROCESS ANY SALARY ADJUSTMENTS ARE MADE AS PART OF THIS PROCESS. THE LAST ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR WAS DONE BY THE COMMITTEE IN MARCH 2022. THE DECISION AND APPROVAL OF COMPENSATION PROCESS IS DOCUMENTED IN THE BOARD MINUTES.

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS ALSO AVAILABLE ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST OR BY CALLING THE ORGANIZATION DIRECTLY.

PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT

	OF	THE	AUDIT	OF	ITS	FINANCIAL	STATEMENTS	AND	SELECTION	OF	AN		
	232212	10-28-2	2								Sche	dule O (Forn	n 990) 2022
							49						
120	702	08 '	756359	150	)1146	.000	2022.0	5040	AKANKSHA	EDU	CATION	FUND,	15011461

Schedule O (Form 990 Name of the organizati								Er	Page : Page : nployer identification number
	AKANKSHA	EDUCA	TION FU	ND,	INC.				13-3976569
INDEPENDENT	ACCOUNTANT.	THE	PROCESS	HAS	NOT	CHANGED	FROM	THE	PRIOR
YEAR.									
232212 10-28-22									Schedule O (Form 990) 202
				50					