### PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. D-1614643

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Form	J	J	U

Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

> Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or th	e 2021 calendar year, or tax year beginning and	ending	_	
B c a	heck if pplicab	e: C Name of organization		D Employer identific	cation number
X	Addre				
	Name Chang	Doing business as NAMASTE DIRECT		68-01595	59
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	ſ
	Final return	2-2057			
	termir ated	593,258.			
	Amen return	SAN FRANCISCO, CA 94104		H(a) Is this a group re	eturn
	Applied	F name and address of principal officer: KODEKT GKATIAM		for subordinates	? Yes 🗶 No
	pendi	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-ex	empt status: X 501(c)(3) 501(c) ( )    (insert no.) 4947(a)(1)	or 📃 527	If "No," attach a	list. See instructions
J۷	Vebsi	te: WWW.NAMASTEDIRECT.ORG		H(c) Group exemptior	n number 🕨
ΚF	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1988 N	State of legal domicile: CA
Pa	rt I				
e	1	Briefly describe the organization's mission or most significant activities: TO D	IRECTL	Y CONTRIBUT	Е ТО
ů.		WOMEN'S ECONOMIC EMPOWERMENT BY PROVIDIN	G BUSI	NESS DEVELO	PMENT
ŝrnê	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			6
ڻ ح	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
se S		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			1
vitio		Total number of volunteers (estimate if necessary)			20
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.
4		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		250,952.	574,888.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		282.	-57,577.
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		251,234.	517,311.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		194,690.	132,625.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		99,382.	97,834.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe		Total fundraising expenses (Part IX, column (D), line 25) 64,7	47.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		45,957.	39,929.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		340,029.	270,388.
	19	Revenue less expenses. Subtract line 18 from line 12		-88,795.	246,923.
or ces			Ве	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		271,517.	524,438.
dB	21	Total liabilities (Part X, line 26)		155,800.	161,798.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		115,717.	362,640.
Pa	rt II	Signature Block	-		

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

Sign Here	Signature of officer       Date         ROBERT GRAHAM, CEO/TREASURER       Date         Type or print name and title       Date										
Paid	Print/Type preparer's name TARA EASTWOOD	Preparer's signature TARA EASTWOOD			PTIN P005393						
Preparer	Firm's name 🕨 BOWMAN & COMPANY			Firm's EIN 🕨 94	-14819	88					
Use Only	Firm's address 10100 TRINITY PA STOCKTON, CA 952										
	Phone no. ( 209	)473-1	040								
May the IF	May the IRS discuss this return with the preparer shown above? See instructions										
132001 12-0	13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) NAMASTE FOUNDATION	68-0159559	Page <b>2</b>
Pa	rt 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 DIRECTLY CONTRIBUTE TO WOMEN'S ECONOMIC EMPOWERMENT	BY PROVIDING	
	BUSINESS DEVELOPMENT TRAINING AND MENTORING.	<u>DI INOVIDINO</u>	
	BOSINESS DEVELOPMENT INAINING AND MENIORING.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? <b>Yes</b>	XNo
5		·	
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 180,966. including grants of \$ 132,625. ) (Reve		0.)
	IN 2021, THE ORGANIZATION PROVIDED FINANCIAL LITERACY 7	RAINING,	
	MENTORING, AND SMALL LOANS TO 400 LOW-INCOME BUSINESS W	VOMEN IN	
	GUATEMALA. AS A RESULT, THEIR INCOMES DOUBLED.		
4b	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$	)
4c	(Code:         ) (Expenses \$) (Reverse)	nue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 180,966.		
		Form <b>Q</b>	<b>90</b> (2021)
10000			
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Form 990 (2021) NAMASTE FOUN
Part IV Checklist of Required Schedules NAMASTE FOUNDATION

			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	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
iza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
N N	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes</i> ," <i>complete Schedule G, Part I</i> . See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
20-2	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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NAMASTE FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	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,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	싞		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		X
132004	12-09-21	Form	990	(2021)
	7			

2021)	NAMASTE	FOUNDATION
Statemen	ts Regarding Otl	her IRS Filings and Tax Compliance (continued)

Form 990 (2021)

			Yes	N
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2a		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a		
	If "Yes," enter the name of the foreign country	<del>4</del> a		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Г
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		T
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		t
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			t
	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			t
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			t
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		L
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		t
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			t
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			t
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		I
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		T
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		T
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		T
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			t
	sponsoring organization have excess business holdings at any time during the year?	8		I
	Sponsoring organizations maintaining donor advised funds.			T
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		L
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		I
0	Section 501(c)(7) organizations. Enter:			T
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			l
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			l
	Section 501(c)(12) organizations. Enter:			l
	Gross income from members or shareholders 11a			l
	Gross income from other sources. (Do not net amounts due or paid to other sources against			l
	amounts due or received from them.)			l
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Ι
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			Γ
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			l
	organization is licensed to issue qualified health plans 13b			l
-	Enter the amount of reserves on hand 13c			
С		14a		
	Did the organization receive any payments for indoor tanning services during the tax year?			
4a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
4a b				t
4a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
4a b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
4a b 5	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	14b		
4a b 5	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	14b 15		
4a b 5	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	14b 15		
4a b  5	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	14b 15		

Form 990	(2021)
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### NAMASTE FOUNDATION

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.

Check if Schedule O contains a response or note to any line in this Part VI	 -	-	-						
	Cł	neck if S	chedu	le O	contains	a res	ponse or note to any	/ line in this Part VI	

X

Sec	tion A. Governing Body and Management					
			1	6	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		6		
	If there are material differences in voting rights among members of the governing body, or if the governing					
h	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	46		6		
	Enter the number of voting members included on line 1a, above, who are independent			4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh officer, director, trustee, or key employee?			2	х	
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under t			2		
5	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					x
5	Did the organization become aware during the year of a significant diversion of the organization's a					X
6	Did the organization have members or stockholders?					X
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y					
а	The governing body?			8a	Х	
b	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 re					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenu	ie Code.)		-	-
					Yes	No
	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	chapte	rs, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bef	ore filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				37	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			10-	x	
40	on Schedule O how this was done			12c	X	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			13 14	X	
14 15	Did the organization have a written document retention and destruction policy?			14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		ndependent			
а	The organization's CEO, Executive Director, or top management official	:		15a		х
	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.			10.0		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a			
	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright  ext{CA}$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 99	0-T (section 501(c)(	3)s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explai		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict	of interest policy, a	Ind fina	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	nd records 🕨			
	ROBERT E. GRAHAM - (415) 412-2057					
	1850 ALICE STREET, OAKLAND, CA 94612				000	
13200	12-09-21 <b>7</b>			Form	990	(2021)

Part VII	Compensation of Officers,	<b>Directors, Trustees</b>	, Key Employees,	Highest	Compensated
	Employees, and Independe	ent 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week	box offic	not c , unle	ss pe	more rson i	than is bot pr/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KAREN COPPOCK	1.00	x		x				0.	0.	0.
PRESIDENT (THRU 10/21) (2) DOUG SPENCER	1.00	^		^				0.	0.	0.
VICE PRESIDENT	1.00	x		x				0.	0.	0.
(3) RUTH GRAHAM	3.00							0.	0.	0.
SECRETARY	5.00	x		x				0.	0.	0.
(4) ROBERT GRAHAM	35.00									
TREASURER & CEO		x		x				0.	0.	0.
(5) MICHAEL BEROLZHEIMER	0.50									
DIRECTOR (THRU 10/21)		x						0.	0.	0.
(6) LARA GRAHAM	0.50									
DIRECTOR (THRU 10/21)		X						0.	0.	0.
(7) SARAH GRAHAM	0.50									
DIRECTOR (THRU 10/21)		Х						0.	0.	0.
(8) ALISE CORTEZ	0.50								_	_
DIRECTOR (EFF. 5/21)		Х						0.	0.	0.
(9) ALIYYA MATOS	0.50									•
DIRECTOR (EFF. 10/21)		X						0.	0.	0.
(10) CHUTTA RATNATHICAN	0.50								0	0
DIRECTOR		X						0.	0.	0.
132007 12-09-21	I			-						Form <b>990</b> (2021)

132007 12-09-21

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8

Form 990 (2021) NAMASTE FOUNDATION 68-015955												559	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees			ghe	st C	Compensated Employe	es (continued)				
	<b>(A)</b> Name and title	(B) Average hours per week	box offic	not c , unle	ss pe	ition <sup>more</sup> rson	than is bot or/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatic from related	n	an	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)		fr org and	pensa om the anizati d relate anizatio	e on ed
1b	Subtotal								0.		0.			0.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.0.		0. 0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportab	le			0
													Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>	uch individual										3		x
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" со	mple	ete S	Sche	edule	ə J f	for such individual	-	r	4		X
	rendered to the organization? <i>If "Yes," com</i> tion <b>B. Independent Contractors</b>	-				-			-			5		Х
1	Complete this table for your five highest con										pens	ation f	rom	
	the organization. Report compensation for t (A)	the calendar y	ear	endi	ng v	vith	or w	ithir I	n the organization's tax ( <b>B</b> )	year.		(0	:)	
	Name and business	address	NC	ONI	3			_	Description of s	ervices	С		nsatio	<u>ו</u>
								_						
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot li	mite	d to		se lis 0	stec	d above) who received n	nore than				
							-					Form	<b>990</b> (2	2021)

132008 12-09-21

			Check if Schedule O o	conta	ins a resi	oonse	or note to any lir	ne in this Part VIII			
								(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns		1a						
Gifts, Grants ilar Amounts			Membership dues								
Ğå°			Fundraising events								
ar /			Related organizations								
s, C			Government grants (contr				33,662.				
r Si			All other contributions, gifts,		· · ·						
the			similar amounts not included				541,226.				
1 E E		g	Noncash contributions included in	lines 1	1a-1f <b>1g</b>	\$					
Contributions, Gift and Other Similar		h	Total. Add lines 1a-1f				►	574,888.			
							Business Code				
e	2	a									
e Ži		b									
enu Senu		с									
lev.		d									
Program Service Revenue		е									
ā		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (includ	-				2 6 4 4			2 6 4 4
			other similar amounts)					3,604.			3,604.
	4	•	Income from investment of		-						
	5		Royalties		<u> </u>	<u></u>					
					(i) Re	al	(ii) Personal				
	6		Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
	_		Net rental income or (loss)	)	(i) Coor						
	7	а	Gross amount from sales of	_	(i) Secu 14,7		(ii) Other				
			assets other than inventory	7a	14,/	00.					
e		b	Less: cost or other basis		1/ 5	78	61,369.				
nue		_	and sales expenses	7b 7c	<u></u> ,	88	-61,369.				
ther Revenue			( /					-61,181.			-61,181.
ъ			Net gain or (loss) Gross income from fundraisir			····	····· ►	01,101.			01,101.
Oth	ð	а		iy eve							
U			including \$ contributions reported on	line	of						
			Part IV, line 18			8a					
		h	Less: direct expenses								
			Net income or (loss) from								
	a		Gross income from gamin		-						
	ľ	u	Part IV, line 19	-							
		b	Less: direct expenses								
			Net income or (loss) from								
	10		Gross sales of inventory, I								
		-	and allowances			10a					
		b	Less: cost of goods sold								
			Net income or (loss) from			·					
s				-			Business Code				
Miscellaneous Revenue	11	а									
ane		b									
evel 1		с									
Misc		d	All other revenue								
<u> </u>			Total. Add lines 11a-11d								
	12	2	Total revenue. See instructio	ns			►	517,311.	0.	0.	-57,577.
13200	9 12	2-09	-21								Form <b>990</b> (2021)

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10 2021.03041 NAMASTE FOUNDATION

Form 990 (2021) NAMASTE
Part VIII Statement of Revenue NAMASTE FOUNDATION NAMASTE FOUNDATION

Pa	rt IX Statement of Functional Expense	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	120 605	120 005		
	individuals. See Part IV, lines 15 and 16	132,625.	132,625.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	96 255	25 007	0 6 2 6	E1 010
7	Other salaries and wages	86,355.	25,907.	8,636.	51,812.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4,800.	1,200.	1,200.	2 400
9	Other employee benefits	6,679.	1,200.	1,200.	2,400. 3,339.
10	Payroll taxes	0,079.	1,070.	1,070.	5,559
11	Fees for services (nonemployees):				
a	Management				
b		4,090.		4,090.	
C c	Accounting	4,000.		±,050•	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
f g	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	160.			160.
13	Office expenses	9,685.	193.	7,832.	1,660
14	Information technology	5,923.	901.	901.	4,121
15	Royalties	- ,			,
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	5,682.	5,682.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,917.	12,788.	129.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	1,472.		217.	1,255
b		,			,
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	270,388.	180,966.	24,675.	64,747.
26	Joint costs. Complete this line only if the organization	-			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

132010 12-09-21

Check here

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educational campaign and fundraising solicitation.

\_\_\_\_\_ if following SOP 98-2 (ASC 958-720)

	NAMASTE	FOUNDATION	
heet			

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

68-0159559 Page 11

**(A)** Beginning of year

97,022. 1

	1	Cash - non-interest-bearing			97,022.	1	64,716.
	2	Savings and temporary cash investments			100,209.	2	459,722.
	3	Pledges and grants receivable, net				з	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	tantial o	contributor, or 35%			
		controlled entity or family member of any of thes	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>174,164.</u> 174,164.			
	b	Less: accumulated depreciation	10b	174,164.	74,286.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	504 400
	16	Total assets. Add lines 1 through 15 (must equa		271,517.		524,438.	
	17	Accounts payable and accrued expenses				17	
	18	Grants payable			20.000	18	40.000
	19	Deferred revenue			30,000.	19	40,000.
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I			21		
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
Lia		controlled entity or family member of any of thes			125,800.	22	121,798.
	23	Secured mortgages and notes payable to unrela			123,000.	23	121,790.
		Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines					
		- f O - h - a h - h - D				25	
	26	Total liabilities. Add lines 17 through 25			155,800.	25 26	161,798.
	20	Organizations that follow FASB ASC 958, che			10070000	20	10177500
ses		and complete lines 27, 28, 32, and 33.					
ances	27	Net assets without donor restrictions				27	
Bal	28	Net assets with donor restrictions			115,717.	28	362,640.
pu		Organizations that do not follow FASB ASC 9			- 1		
лц.		and complete lines 29 through 33.	-,				
Net Assets or Fund Bal	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building, or ec			30		
As	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			115,717.	32	362,640.
_	33	Total liabilities and net assets/fund balances			271,517.	33	524,438.
							Form <b>990</b> (2021)

**(B)** End of year

64,716.

	1 990 (2021) NAMASTE FOUNDATION	68-015	9559	Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
			- 4 -	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,311.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,388.
3	Revenue less expenses. Subtract line 2 from line 1	3		,923.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	115	,717.
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	362	,640.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d 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 separat	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	

Form **990** (2021)

132012 12-09-21

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.

OMB No. 1545-0047							
2021							
Open to Public Inspection							
 and the second of the second sec							

Nam	e of t	ne organization	STE FOUNDA	T CN					8 - 0159559	nber		
Ра	rt I	Reason for Public (			omploto ti	ais part ) S	oo instruction					
				-				13.				
	organ	ization is not a private found A church, convention of ch										
1 2	$\square$					)(a)011 n	I)(A)(I).					
2	$\square$	A school described in <b>secti</b> A hospital or a cooperative				~~~	::)					
3 4		A medical research organize						Viiii) Entor	the beenital's name	<u> </u>		
4			ation operated in col	njunction with a nospital	laeschber	in sectio		Jun). Enter	the nospital s hame	Ξ,		
5		city, and state: An organization operated for	or the bonefit of a co	llago or university owned	d or opora	tod by a d	ovornmontalu	unit doscrik	od in			
5				liege of university owned	u or opera	leu by a g	ovennnentari					
~		section 170(b)(1)(A)(iv). (C					()					
6	X	A federal, state, or local gov	-						بعرام ومراجع والمعران	_		
'		An organization that norma		initial part of its support i	rom a gov	ernmentai	unit or from i	ne general	public described in	1		
•		section 170(b)(1)(A)(vi). (Co										
8		A community trust describe						In an all and an area				
9		An agricultural research org										
		or university or a non-land-g	grant college of agric	sulture (see instructions).	. Enter the	name, city	/, and state o	t the colleg	e or			
		university:										
10		An organization that norma										
		activities related to its exem	-						-			
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	lired by the o	rganization	after June 30, 1978	5.		
		See section 509(a)(2). (Cor										
11		An organization organized a	-	•	•							
12		An organization organized a		-	-			-		br		
		more publicly supported or							neck the box on			
_		lines 12a through 12d that							civina			
а		<b>Type I.</b> A supporting orga	-	-	•							
		the supported organization			a majority (	of the dire	ctors or truste	ees of the s	upporting			
		organization. You must c	-		1		!					
b		<b>Type II.</b> A supporting org										
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported			
		organization(s). You mus	-					llu interucti	a alitha			
С		J Type III functionally inte						illy integrate	ed with,			
-		its supported organization										
d	L	Type III non-functionally that is not functionally int										
		that is not functionally int			-		-	d an attent	iveness			
		requirement (see instruct	/	• •	,			U. <b>T</b>				
е		Check this box if the orga					а туре ї, туре	ii, iype iii				
	Ente	functionally integrated, or										
		er the number of supported on vide the following information	•	d organization(s)								
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of oth	er		
		organization		(described on lines 1-10	in your governi Yes	No	support (see ir	nstructions)	support (see instruct			
				above (see instructions))								
Tota	1											

### Schedule A (Form 990) 2021

### NAMASTE FOUNDATION

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

(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.)

Se	ction A. Public Support								
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	<b>(f)</b> Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	271,326.	283,241.	276,827.	250,952.	574,888.	1,657,234.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge $\dots$								
4	Total. Add lines 1 through 3	271,326.	283,241.	276,827.	250,952.	574,888.	1,657,234.		
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)						708,498.		
6	Public support. Subtract line 5 from line 4.						948,736.		
Se	ction B. Total Support								
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	271,326.	283,241.	276,827.	250,952.	574,888.	1,657,234.		
8	Gross income from interest,	oss income from interest,							
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources $\dots$	491.	1,556.	1,503.	282.	3,792.	7,624.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						1,664,858.		
12	Gross receipts from related activities,	etc. (see instructi	ons)			12			
13	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 5	501(c)(3)			
	organization, check this box and stop						►		
Se	ction C. Computation of Publ	ic Support Pe	rcentage						
	Public support percentage for 2021 (					14	56.99 %		
	Public support percentage from 2020					15	62.51 %		
<b>16</b> a	<b>33 1/3% support test - 2021.</b> If the o	•							
	stop here. The organization qualifies								
b	<b>33 1/3% support test - 2020.</b> If the c								
	and stop here. The organization qual								
17a	10% -facts-and-circumstances tes	<b>t - 2021.</b> If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and <b>stop he</b>	r <b>e.</b> Explain in Part	VI how the organiz	ation		
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported of	organization		▶□		
k	0 10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or		
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and <b>st</b>	<b>op here.</b> Explain ir	n Part VI how the			
	organization meets the facts-and-circ	umstances test. Tl	ne organization qu	alifies as a publicly	y supported organ	ization			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instruction	s ►		
						Sebedule A	(Form 990) 2021		

Schedule A (Form 990) 2021

132022 01-04-22

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)		1	1			
	First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third	, fourth, or fifth tax	vyear as a section	501(c)(3) orga	nization,
	check this box and <b>stop here</b>				•		
See	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2021 (	ine 8, column (f), (	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	t III, line 15			16	%
See	ction D. Computation of Invest	stment Incom	e Percentage	•			
17	Investment income percentage for 20	<b>21</b> (line 10c, colui	mn (f), divided by	line 13, column (f))	)	17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2020. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	′3%, and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	t <b>op here.</b> The orga	anization qualifies	as a publicly supp	orted organiza	ation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check	this box and see ir	nstructions	
1320	23 01-04-22			16		Sched	lule A (Form 990) 2021
				1.0			

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### NAMASTE FOUNDATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

132024 01-04-21

Part IV	Supporting Orga	nizations (contin	ued)
Schedule A	(Form 990) 2021	NAMASTE	FOUNDATION

1

2

No

			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

2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	supervised, or controlled the supporting organization.

Section C.	Type I	I Supporting	Organizations	

			Yes	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			ſ
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			

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

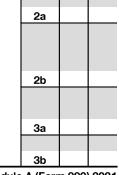
#### Section E. Type III Functionally Integrated Supporting Organizations

- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. *Complete* **line 3** *below*. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 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.

132025 01-04-22

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18 2021.03041 NAMASTE FOUNDATION



Yes No

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

### NAMASTE FOUNDATION

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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		

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Par	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of supported		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpo	ns <b>3</b>		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)	5	
6	Other distributions (describe in <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 organization is responsive	e	
	(provide details in Part VI). See instructions.	-	8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater	r		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
с	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021	NAMASTE	FOUNDATION		68-0159559 <sub>Page</sub>
	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D,	1, 2, 3b, 3c, 4b, 4 , lines 2 and 3; Pa	de the explanations required by Pa c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and art IV, Section E, lines 1c, 2a, 2b, 3 ection E, lines 2, 5, and 6. Also cor	11c; Part IV, Section B, lines a, and 3b; Part V, line 1; Par	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
	()				
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## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

### \*\* PUBLIC DISCLOSURE COPY \*\*

### **Schedule of Contributors**

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

OMB No. 1545-0047

2021

Employer identification number

68-0159559

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

#### General Rule

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

#### Special Rules

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

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

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

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

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

Schedule B	(Form	990)	(2021)
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Name of organization

Page 2 Employer identification number

### NAMASTE FOUNDATION

68-0159559

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1		\$13,980.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3		\$345,747.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)				
120402 11-11	<u>, , , , , , , , , , , , , , , , , , , </u>		Schedule B (F0111 990) (2021)				

23 2021.03041 NAMASTE FOUNDATION

Schedule B	(Form	990)	(2021	)
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Name of organization

Page 2 Employer identification number

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### NAMASTE FOUNDATION

68-0159559

Part I			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$18,662.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-11		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

24 2021.03041 NAMASTE FOUNDATION

Schedule B (Form 990) (2021		)
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Name of organization

Employer identification number

68-0159559

### NAMASTE FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

16100509 758669 49565

Name of or	ganization			Employer identification number			
JAMAST	TE FOUNDATION			68-0159559			
Part III		) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ny For organizations	) that total more than \$1,000 for the ye			
(a) No. from							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
		(e) Transfer of gift					
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
F		e) Transfer of gift	l				
ŀ	Transferee's name, address, and ZIP + 4		Relationship of tra	ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
	(e) Transfer of gift						
_	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
ŀ	(e) Transfer of gift						
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee			
123454 11-11	-21	26		Schedule B (Form 990) (202 <sup>-</sup>			

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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



Name of the organization

### NAMASTE FOUNDATION

Employer identification number 68-0159559

Pa	organizations Maintaining Donor Advis organization answered "Yes" on Form 990, Part IV, li		or Accounts. Complete if the
	organization answered res on Form 990, Part IV, i	(a) Donor advised funds	(b) Funds and other accounts
	Tatal mumber at and afterna		
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors ir		ad funda
5	-	-	
e	are the organization's property, subject to the organization's Did the organization inform all grantees, donors, and donor		
6	for charitable purposes and not for the benefit of the donor		
			ľ m m
Pa	Internitional Conservation Easements. Complete if the o	rganization answered "Yes" on Form 990 P	
1	Purpose(s) of conservation easements held by the organiza	· ·	
•	Preservation of land for public use (for example, recre	· · · · · · · · · · · · · · · · · · ·	a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified concernation contribution in the form of	of a concentration accompant on the last
2	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
c			
d			
u	listed in the National Register	-	2d
3	Number of conservation easements modified, transferred, r		
•	year		
4	Number of states where property subject to conservation e	asement is located	
5	Does the organization have a written policy regarding the policy		
-	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
	►		5,
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservat	ion easements during the year
	▶\$		<b>C</b> <i>I</i>
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170(I	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserva		
	balance sheet, and include, if applicable, the text of the foo	tnote to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on For	m 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 9	958, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for pu	ublic exhibition, education, or research in fu	therance of public
	service, provide in Part XIII the text of the footnote to its fina	ancial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 9	958, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tr		gain, provide
	the following amounts required to be reported under FASB	-	
а	· · · · · · · · · · · · · · · · · · ·		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Schedule D (Form 990) 2021
13205	51 10-28-21		

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		FOUNDATIO						68-01			age <b>2</b>
Par	t III Organizations Maintaining C								<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other record	ls, checl	< any of the	following the	at make :	significant	use of its			
а		d		Loan or exc	hange progra	am					
b	Scholarly research	е			51 5						
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	ney further t	he organizat	ion's exe	empt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of	-		-	-						
	to be sold to raise funds rather than to be m	aintained as part of t	the organ	nization's co	ollection?			🗆	Yes		No
Par	t IV Escrow and Custodial Arran								line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	ssets not	included		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance								1		1
	Did the organization include an amount on F						• • • • • • • • • • • • • • • • • • • •	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i										]
1 0		(a) Current year		rior year	(c) Two yea			ears back	(e) Four	vears	back
10	Reginning of year balance	(u) ourroint your	(6)1	nor your	(0) 1110 you	io buok	(u) 11100 y	ouro buon	(0) + 0 u	youro	
	Beginning of year balance Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organization	ation tha	at are held a	nd administe	ered for t	he organiz	zation	r		
	by:								<b> </b>	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Fai	t VI Land, Buildings, and Equipm Complete if the organization answere		Dept IV	/ lino 110 S	Soo Earm 00(	0 Dart V	lino 10				
								d	(d) Dool	( volu	
	Description of property	(a) Cost or o basis (investr		basis	or other (other)		ccumulate preciation		(d) Boo	k value	3
<b>1</b> a	Land		,		· · /						
	Buildings										
	Leasehold improvements										
	Equipment				3,564.		3,5				0.
	Other			17	0,600.		170,60	00.			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	0c.)						0.

Schedule D (Form 990) 2021

132052 10-28-21

Schedule D	(Form 990) 2	021 NA	MASTE	FOUNDATION
Part VII	Investme	nts - Other	Securitie	es.

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. 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)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	•		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	▶	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(5)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25 )	<b></b>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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...

Schedule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 NAMASTE FOUNDATION		68-0159559 Page <b>4</b>
	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reve	
	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	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	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		· · · · ·
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i>	)	
Pa	rt XIII Supplemental Information.		

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.

SCHEDULE	F
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

### **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990.

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

OMB No. 1545-0047
2021
Open to Public
nsportion

NAMASTE FOUNDATION

Employer identification number

68-	01	59	559

## Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... X Yes No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3	Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if addition	al space is r	ieeded.)

(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 program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
				PERSONAL BUSINESS ADVISORS, FINANCIAL	
				LITERACY TRAINING, AND	
CENTRAL AMERICA	0	0	PROGRAM SERVICES	SMALL BUSINESS LOANS.	237,683.
<b>3 a</b> Subtotal	0	C			237,683.
<b>b</b> Total from continuation					
sheets to Part I	0	С			٥.
c Totals (add lines 3a					
and 3h)	0				237 683

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

Schedule F (Form 990) 2021

132071 12-20-21

Schedule F (Form 990) 2021

NAMASTE FOUNDATION

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b> (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	WOMEN'S BUSINESS	132,625.	WIRE TRANSFER	0.		
			I recognized as charities by the					
			or counsel has provided a sec					1

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

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 a	dditional space is neede	d.					
(a) Type of grant or assistance		(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	<b>(g)</b> Des noncast	

NAMASTE FOUNDATION

(a) Type of grant or assistance	(b) Region	recipients	cash grant	cash disbursement	noncash assistance	noncash assistance	valuation (book, FMV, appraisal, other)
							ule E (Form 990) 2021

Schedule F (Form 990) 2021

(g) Description of

(h) Method of

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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," 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) 2021

132074 12-20-21

Schedule F (Form 990) 2021 NAMASTE FOUNDATION

### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE ORGANIZATION IS GOVERNED BY A BOARD OF DIRECTORS THAT SETS POLICY AND

IS RESPONSIBLE FOR THE REVIEW AND APPROVAL OF GRANTS. THE MONITORING

PROCESS CONSISTS OF SITE VISITS, INTERNET FACILITATED COMMUNICATION, AND

#### MONTHLY REPORTING.

132075 12-20-21

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service 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.

OMB No. 1545-0047 **Open to Public** Inspection Employer identification number

68-0159559

NAMASTE FOUNDATION

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

TRAINING AND MENTORING.

FORM 990, PART VI, SECTION A, LINE 2:

ROBERT GRAHAM AND RUTH GRAHAM HAVE A FAMILY RELATIONSHIP.

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

COPY OF THE 990 IS REVIEWED BY THE CEO/TREASURER. THE CEO/TREASURER Α

FORWARDS THE APPROVED COPY VIA EMAIL TO THE BOARD FOR REVIEW AND COMMENT

PRIOR TO FILING.

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

THE BOARD ANNUALLY REVIEWS THE CONFLICT OF INTEREST POLICY TO ENSURE

ADEQUATE MONITORING AND COMPLIANCE.

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

THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021