Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

<u> </u>	ror ui	e 2024 Calell	uar ye	ar, or tax y	year begi	ııııııy				, 2024,	anu enun	ıy		,	20		
В	Check if	applicable:	С										D Emplo	yer identi	fication number		
	Add	Address change KONKANI CHARITABLE FUND INC											90-	-04828	868		
	\vdash	J		SAN B			,,,,	1110						none numb			
	-	me change		MONT, C									· ·				
	Init	ial return	I IVLI	10N1, C	<i>7</i> 11 745.								(63	31) 4	72-1418		
	Fina	al return/terminated															
	Am	nended return											G Gross	receipts \$	\$ 452,597.		
	Apr	plication pending	F Nar	me and addre	ss of princip	al officer:	7 22	ına Nal	har			H(a) Is this a group return for subordinates? Yes X No					
	ш		Same	e As C	Ahowa		ALU	ilia ACI	ııaı	ya		H(b) A	re all subordinate	es included	i? Yes No		
_	Tay o	exempt status:	X 501		501(c) (١	/i	nsert no.)		4947(a)(1) or	527	lf	"No," attach a lis	st. See inst	tructions.		
÷				(6)(3)	301(c) ((1	iisert iiu.)		4547(a)(1) UI	327						
J		site: N/	11										roup exemption				
K		of organization:	X Cor	rporation	Trust	Associa	tion	Other		LY	ear of format	ion: 2	009 M	State of le	egal domicile: CA		
Pa	rt I	Summar	y														
	1	Briefly descri	be the	organizati	ion's mis	sion or n	nost	significan	nt act	ivities: Se	e Sche	dule	0				
a)	Briefly describe the organization's mission or most significant activities: See Schedule 0																
Activities & Governance																	
Ĕ																	
8	2	Check this bo	OX	if the o	organizati	on disco	ntinu	ed its ope	erati	ons or dispo	sed of m	ore tha	an 25% of its	net ass	sets.		
Ğ		Number of vo													11		
જ	4	Number of in	depend	dent voting	g membe	rs of the	gov	erning bo	dy (F	Part VI, line	1b)			4	0		
ě.	5	Total number	r of ind	ividuals er	mployed i	in calend	lar y	ear 2024	(Par	t V, line 2a)				5	0		
:≅	6	Total number	r of vol	unteers (e	estimate i	f necess	ary).							6	0		
Ac	7a	Total unrelate	ed busi	iness reve	nue from	Part VII	I, co	lumn (C),	, line	12				7a	0.		
	b	Net unrelated	d busin	ess taxabl	le income	from Fo	rm 9	990-T, Pa	rt I, I	line 11				7b	0.		
													Prior Yea	r	Current Year		
	8	Contributions	and q	rants (Par	t VIII, line	e 1h)							302,		419,724.		
Revenue	9 Program service revenue (Part VIII, line 2g)											0027		113/111			
Ne.		10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)										5,584. 9,					
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)											<u> </u>	301.	3/123.		
		Total revenue	-							•			307,	775	429,447.		
-													301,	113.	318,976.		
		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)													310,970.		
			d to or for members (Part IX, column (A), line 4)														
တ္သ			er compensation, employee benefits (Part IX, column (A), lines 5-10)														
Expenses	16a	Professional	fundra	ising fees	(Part IX,	column	(A),	line 11e).									
be	b	Total fundrais	sing ex	penses (F	Part IX, co	olumn (D), lir	ie 25)									
ũ	17	Other expens	ses (Pa	art IX colu	ımn (A) I	lines 11a	-11d	11f-24e)				234,596. 5,				
		Total expens						-					234,		5,445. 324,421.		
		•			•	•			٠,	•							
		Revenue less	s exper	ises. Subt	iract iirie	16 110111	iiiie	12				_		179.	105,026.		
s or nces		T-1-1 '	Д	/ Ii 10:									inning of Curre		End of Year		
alai	20	Total assets	•										312,	_	445,450.		
t d B	21	Total liabilitie	es (Par	t X, line 2	6)									0.	0.		
Net Assets Fund Balan	22	Net assets or	r fund b	oalances.	Subtract	line 21 f	rom	line 20					312,	190.	445,450.		
Pa	rt II	Signatur	re Blo	ck													
		ies of perjury, I de	eclare tha	at I have exan	nined this re	turn, includ	ing ac	companying	sched	ules and staten	nents, and to	the best	of my knowledg	e and belie	ef, it is true, correct, and		
comp	olete. De	claration of prepa	arer (othe	r than officer)) is based or	n all inform	ation o	of which prep	oarer h	as any knowled	ge.						
Sic	ın	Signature of	officer									Da	te				
Sig He	re	Aruna	Λaha	rira							Т	roct	ident				
	. •	Type or print	t name a	nd title								163	Luenc				
		Preparer's r	name			Prepare	r's sin	nature			Date		Chaal	ie I	PTIN		
		'				· ·					34.0		Check	⊔"			
Pai				katarama	anappa	Prasa	ınna	Venkata	aram	anappa			self-emplo	yed]	P01703330		
Pre	pare	Firm's name	rm's name FinloTax Inc														
Us	e Onl	ly Firm's addre	ess	1190 Mir	raloma V	Nay Ste	P						Firm's EIN	36-	5015368		
											-		Phone no.	(408)	822-9406		
May	tha IE	28 discuss th	Sunnyvale, CA 94085								Y Yes No						

Par	t III	Statement of Program Service Accomplishments	
	D (I	Check if Schedule O contains a response or note to any line in this Part III	. X
1		/ describe the organization's mission:	
	see	Schedule 0	
2	Did th	e organization undertake any significant program services during the year which were not listed on the prior	
	Form	990 or 990-EZ?	No
	If "Yes	s," describe these new services on Schedule O.	
3			No
		s," describe these changes on Schedule O.	
4	Section	ibe the organization's program service accomplishments for each of its three largest program services, as measured by expens on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	ses. es,
	and r	evenue, îf any, for each program service reported.	
4-	(Code	VEVPORCES \$ 105 010 including grapts of \$ \(\))
44		ata Daid Out Madical Crea	
	Gra	its Paid Out - Medical Svcs	
/lh	(Code	Y \(\(\subset \) \(\subset	
40		r:) (Expenses \$95,722. including grants of \$) (Revenue \$) Into Paid Out - Education	
	Gra	nts Paid Out - Education	
4c	(Code	:) (Expenses \$ 15.718 including grants of \$) (Revenue \$	
	Gra	:) (Expenses \$15,718. including grants of \$) (Revenue \$) ints Paid Out - Cultural Centers	
4d	Other	program services (Describe on Schedule O.) See Schedule O	
	(Ехре	nses \$ 11,718. including grants of \$ 499,781.) (Revenue \$)	
4e	Total	program service expenses 318,976.	

Form 990 (2024) KONKANI CHARITABLE FUND INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		Х
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		Х
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		Х
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
	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	Χ	
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c		Χ
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		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Χ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Ī	Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	Х	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		Х
18		18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ

Form 990 (2024) KONKANI CHARITABLE FUND INC 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? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		Χ
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		Х
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? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Χ
29	Did the organization receive more than \$25,000 in noncash 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? <i>If "Yes," complete Schedule M.</i>	30		Χ
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? <i>If "Yes," complete Schedule N, Part II</i>	32		Х
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? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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		Х
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	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		103	.40
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
ВΛΛ	(gambing) winnings to prize winners:		990 (20004

Form 990 (2024) KONKANI CHARITABLE FUND INC

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

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	_		V
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	/1		Λ
·	as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
Ū	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	ıJa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		37
	excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
		_	200	

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. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe on Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ X **14** Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records. Aruna Acharya 2142 SAN BENITO DR FREMONT CA 94539 (631)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)								
(A) Name and title	(B) Average hours	box, u	ot che	s per I a di	nore son i recto	than on s both a r/trustee	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation from
	per week (list any hours for	Individual trustee or director	institu	Officer	Key employee	Former Highest compensated employee		the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	the organization and related
	related organiza-	dual	tion:	¬	oldu	st co yee	<u>~</u>			organizations
	tions below	trust	ᆵ		yee	mpe				
	dotted line)	ee .	Istee			nsati				
(1) Gopal Bhandarkar	1					ed				
Director	0	•		Х				0.	0.	0.
(2) Vasant Acharya	1							<u></u>	<u> </u>	
Director	0			Х				0.	0.	0.
(3) Sunil G. Shenoy	1									
Director	0			Χ				0.	0.	0.
(4) Veena Kamath	1									
Director	0			Χ				0.	0.	0.
(5) Aruna Acharya	77									
President	0			Χ				0.	0.	0.
(6) Surendra Shenoy	1									
Director	0			Χ				0.	0.	0.
(7) Ravidranath Shenoy	1									
Director	0			Χ				0.	0.	0.
(8) Vijay Kumar Rao	1									
Director	0			Χ				0.	0.	0.
(9) Vasudev Shenoy	1									
Director	0			Х				0.	0.	0.
(10) Gajanan Shanbhag	1									
Director	0			Х				0.	0.	0.
(11) Vasanth Shenoy	2									
Director	0			Χ				0.	0.	0.
(12)										
(13)										
(14)			1							

Part VII Section A. Officers, Directors, T	rustees,	Key	En			es,	and	d Highest Con ⊺	npensated Em	oloyees	S (contin	nued)
(A) Name and title	(B) Average hours per week	Positio (do not check mo box, unless perso officer and a direction of the control				is both or/trust	an ee)	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	compe	(F) ated amo	from
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	an	organizati d related anization:	
<u>(15)</u>												
<u>(16)</u>												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b Subtotal	ction A							0.	0			0.
d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limit								0. more than \$100,00	0 of reportable con	-	n	0.
from the organization 0											Yes	No
3 Did the organization list any former officer, dir on line 1a? <i>If "Yes,"complete Schedule J for s</i>	ector, truste uch individu	ee, ke ıal	ey e	mpl	oyee	e, or	higl	nest compensated	l employee	3		X
4 For any individual listed on line 1a, is the sum the organization and related organizations great such individual.	of reportab ater than \$1	le co 50,0	mpe 00?	ensa If "	ition Yes,	and " cor	oth nple	ner compensation ete Schedule J for	from	4		Х
5 Did any person listed on line 1a receive or according for services rendered to the organization? If "	rue comper	nsatio	n fr	om	anv	unre	late	ed organization or	individual			X
Section B. Independent Contractors 1 Complete this table for your five highest comp.	ensated ind	epen	den	t coi	ntra	ctors	tha	at received more t	han \$100,000 of			
compensation from the organization. Report comp (A)	ensation for	the c	alen	idar	year	endi	ng v	with or within the or (B) Description	ganization's tax yea	ar. (0 Compe	C)	
Name and bùsíness a	udress							Description	oi services	Compe	ensatioi	11
2 Total number of independent contractors (includin \$100,000 of compensation from the organization		ited to	o the	ose I	isted	d abo	ve)	who received more	than			
,,	· U											

		0 (2024) KONKANI		90-0482868 P						
Pai	t VI	II Statement of R	?ev	/enue						_
		Check if Schedule	0	contains	a resp	oonse or note to an	y line in this Part VI	IL		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ξį į	1a	Federated campaigns	S		1a					
<u> </u>	b	Membership dues			1b					
5, G	С	Fundraising events			1c					
	d	Related organizations	S		1d					
is, (е	Government grants (contrib			1e					
tior s	f S	All other contributions, gift similar amounts not includ			1f	410 724				
Contributions, Gifts, Grants,	a	Noncash contributions inclu				419,724.				
o II		lines 1a-1f			1g					
	h	Total. Add lines 1a-1	t			Business Code	419,724.			
ane	2a					Business Code				
eve	b									
e H	c									
er.	d									
Š	е									
Program Service Revenue	f	All other program ser	rvic	ce revenu	e					
5	g	Total. Add lines 2a-2	2f							
	3	Investment income (inc	clu	ding divide	ends, i	nterest, and				
		other similar amounts	•				5,746.			5,746.
	4	Income from investm				•				
	5	Royalties		(i) R		(ii) Personal				
	62	Gross rents 6	Sa.	(1) 10	cai	(II) I ersonal				
			Sb							
		Rental income or (loss) 6								
		Net rental income or		ss)						
		Gross amount from	Ì	(i) Secu		(ii) Other				
	/ a	sales of assets	7a	27	127					
	b	other than inventory Less: cost or other basis	a	21,	, 127	•				
		and sales expenses 7	7b		,150					
		· · · · · · · · · · · · · · · · · · ·	7c		, 977					
	d	Net gain or (loss)				· · · · · · · · · · · · · · · · · · ·	3,977.	3,977.		
e	8a	Gross income from fundrai	isinç	g events						
/en		(not including \$	n lir	ne 1c)	_					
Æ		See Part IV, line 18		-	8	а				
Other Revenue	b	Less: direct expenses			8					
돌		Net income or (loss)			ising (events				
	9a	Gross income from gaming See Part IV, line 19	act	tivities.						
					9					
		Less: direct expenses			9	~				
		Net income or (loss)			y activ	villes				
	10a	Gross sales of inventory, le returns and allowances	ess.		10	la				
		Less: cost of goods s			10					
		Net income or (loss)								
S.						Business Code				
<u>8</u> 4	11a b c d		_							
lan	b		_							
S Se	C	All other revenue								
Miscellaneous Revenue		Total. Add lines 11a-								
		tuii / tuu iii loo i lu					l I			

429,447

3,977

0.

e Total. Add lines 11a-11d

12 Total revenue. See instructions.....

Form 990 (2024) KONKANI CHARITABLE FUND INC Part IX Statement of Functional Expenses

	Statement of Functional Expens				
Seci	tion 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a re				
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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 for-	210 076	210 076		
	eign individuals. See Part IV, lines 15 and 16	318,976.	318,976.		
4 5	Benefits paid to or for members	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)				
	Advertising and promotion				
13	·				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,268.		2,268.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
	Website (GoDaddy) Expenses	1,974.		1,974.	
b	Bank Charges	852.		852.	
С		350.		350.	
d	Rounding	1.		1.	
e	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e	324,421.	318,976.	5,445.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to a	any line in this Part X	<u></u>	<u></u>	
				(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		211,312.	1	306,616.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of the controlled entity or family member of any of the controlled entity or family member of any of the controlled entity or family member of any of the controlled entity or family member of any of the controlled entity of the c	officer, director, on 35%		5	
	_		<u> </u>		3	
	6	Loans and other receivables from other disqualified per section 4958(f)(1)), and persons described in section 49			6	
	7	Notes and loans receivable, net	` / ` / ` /		7	
S	8	Inventories for sale or use			8	
set	9	Prepaid expenses and deferred charges	<u> </u>		9	
Assets	-				9	
r.		·	10a			
	b		10b		10c	
	11	Investments — publicly traded securities	-		11	
	12	Investments – other securities. See Part IV, line 11	100,877.	12	138,834.	
	13	Investments – program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		1.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33	3)	312,190.	16	445,450.
	17	Accounts payable and accrued expenses		17		
	18	Grants payable	<u> </u>		18	
	19	Deferred revenue	_		19	
	20	Tax-exempt bond liabilities	<u> </u>		20	
ies	21	Escrow or custodial account liability. Complete Part IV	L		21	
Liabilities	22	Loans and other payables to any current or former offic key employee, creator or founder, substantial contribute controlled entity or family member of any of these personal	or, or 35%		22	
_	23	Secured mortgages and notes payable to unrelated thir	<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third p	·		24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Compl	to related third parties, lete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
ıces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	X			
alaı	27	Net assets without donor restrictions		211,313.	27	306,616.
ä	28	Net assets with donor restrictions		100,877.	28	138,834.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33.	k here			
ō	29	Capital stock or trust principal, or current funds			29	
sts	30	Paid-in or capital surplus, or land, building, or equipme			30	
SS	31	Retained earnings, endowment, accumulated income, of	<u> </u>		31	
t A	32	Total net assets or fund balances		312,190.	32	445,450.
Se	33	Total liabilities and net assets/fund balances	·	312,190.	33	445,450.
RΔ	^	TE	EEA0111L 09/05/24	,		Form 990 (2024)

Form **990** (2024)

Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI.					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	29,4	147.	
2	Total expenses (must equal Part IX, column (A), line 25).	2		24,4		
3	Revenue less expenses. Subtract line 2 from line 1	3	1	05,0)26.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	12,1	L90.	
5	Net unrealized gains (losses) on investments.	5		27,530		
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		7	704.	
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	4	45,4	150	
Pai	rt XII Financial Statements and Reporting			10,	100.	
	Check if Schedule O contains a response or note to any line in this Part XII					
	Check it ochequie o contains a response of note to any line in this rank Air.			Yes		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			163	140	
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	ed on a				
b	Were the organization's financial statements audited by an independent accountant?		2b		Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both.	ate				
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?	Uniform	За		Х	
t	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits					
BAA	TEEA0112L 09/05/24		Form	990	(2024)	