efil	e Pu	ıblic Visı	al Render 0	bjectId: 20231319934	9314756 - Submissio	on: 2023-1	1-15	T	IN: 20-0464012		
Form	00	20	Retu	rn of Organizatio	on Exempt From	n Incom	e Tax	(DMB No. 1545-0047		
Form	ອະ	00	Under section 50	L(c), 527, or 4947(a)(1) of not enter social security nu	• the Internal Revenue Cod	le (except pri	vate foundati	ons)	2022		
		f the Treasury nue Service	► Go to	0 <u>www.irs.gov/Form990</u> 1	for instructions and the	latest inforn	nation.		Open to Public Inspection		
A F	or th	ne 2022 ca	llendar year, or ta	x year beginning 01-01-2	2022 , and ending 12-3	1-2022	_				
B Che	ck if a	applicable:	C Name of organizatio HUMANITY FIRST US				D Employe	r identif	ication number		
_		change					20-0464	012			
	me cr tial re	hange eturn	% NUDRAT SALIK Doing business as				-				
◯ Fin	al retu	rn/terminated	WALK FOR HUMANI	ΓY			E Telephone	number			
		d return ion pending	Number and street (15000 GOOD HOPE	(or P.O. box if mail is not delivere ROAD	d to street address) Room/su	lite	(877) 99				
			City or town, state of SILVER SPRING, MD	or province, country, and ZIP or f 20905	oreign postal code		G Gross rec	eipts \$ 4	,856,981		
		ſ	F Name and addr BASHIR AHMAD M	ess of principal officer:		H(a) Is thi	is a group ret	urn for			
			15000 GOOD HOP SILVER SPRING, M	E ROAD			rdinates? Ill subordinate	es	🗌 Yes 🗹 No		
I Tax	x-exei	mpt status:				inclu	ded?		□ Yes □No		
		•	v.USA.HUMANITYFI		J 4947(a)(1) or □ 527		o," attach a lis p exemption i				
								Maria	- C I		
K Forr	n of o	organization:	Corporation	Trust Association Othe	er 🕨	L Year of form		M State MD	of legal domicile:		
Pa	art I	Sum	nary								
		Briefly des SEE SCHEI		on's mission or most signific	ant activities:						
Ce		SEL SCHE									
nar											
Governance	2	2 Check this box ►									
3		Number o	3	13							
20	4	Number o	4	12							
Activities &	5	Total num	Total number of individuals employed in calendar year 2021 (Part V, line 2a)								
MIX.	6	Total num	ber of volunteers (e	estimate if necessary) .				6	50		
Ac	7a	Total unre	7a	0							
	b	Net unrela	ated business taxab	le income from Form 990-T,		7		0			
						Pr	ior Year		Current Year		
9	8		5 (rt VIII, line 1h) • • •			2,744,1	68	3,225,421		
Revenue	9	-	-	rt VIII, line 2g) • • •			2,386,6	94	1,628,591		
Rev				column (A), lines 3, 4, and	-			0	0		
				mn (A), lines 5, 6d, 8c, 9c,			-16,6		-12,790		
				rough 11 (must equal Part V			5,114,1		4,841,222		
				baid (Part IX, column (A), line			822,0		1,148,539		
	14			ers (Part IX, column (A), line			1 040 2	0	1 127 947		
Ses				, employee benefits (Part IX, (Part IX, column (A), line 11			1,040,2	0	1,127,847 45,655		
Exp enses			-	X, column (D), line 25) 246,59	-			U	45,655		
EXD				mn (A), lines $11a-11d$, $11f-$		2,233,3	80	2,097,086			
		-		-17 (must equal Part IX, colu		4,095,7		4,419,127			
		•		ract line 18 from line 12			1,018,4		422,095		
or				Beginning	of Current Ye		422,095 End of Year				
Net Assets or Fund Balances	20	Total asse	ts (Part X. line 16)				4,268,4	59	4,798,786		
t As d B	21										
0 5	1							88			
ZĽ	22	Net asset	. ,	5) 5)			245,9		392,793 4,405,993		

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.

76			expenses F	3,002,0	J			Form 990 (2021)
4d 4e	(Expenses	\$	(Describe in Schedul 457,455 inclu e expenses ►	e O.) ding grants of 3,862,0		770) (Revenue s	5	0)
	(Code: GIF OF SIGH	IT) (Expenses \$	20,000	including grants of \$	20,000) (Revenue \$	0)
	(Code: WATER FOR	LIFE) (Expenses \$	172,084	including grants of \$	166,315) (Revenue \$	0)
	(Code: DISASTER R	ELIEF) (Expenses \$	265,371	including grants of \$	211,455) (Revenue \$	0)
4c	(Code: FEED THE HI	JNGRY PROGRA) (Expenses \$ M - REDUCE HUNGER AI	416,716 ND WASTAGE OF	including grants of \$ FOOD TO MAKE AMERICA) (Revenue \$	0)
4b	(Code: HUMAN DEV ETC. COMPU TANZANIA. S ORGANIZED ARE IN IMMI UNDERSERV SCHOOLS. P BUILDED/EX	ELOPMENT - VO TER SCHOOL - : SEWING CENTEF WITH MEDICAL EDIATE NEED OI ED SCHOOL DIS RIMARY SCHOO PANDED NEW S) (Expenses \$ CATIONAL SCHOOL - FU SUPPORT COMPUTER SC - CONTINUED TO SUPP STAFF VOLUNTEERS W F MEDICAL TREATMENTS STRICTS ACROSS THE C LS AND RELATED PROJE CHOOLS IN MALI, BURK	785,757 NDED SCHOOL IN HOOL IN MALL. N ORT SEWING CE HO VISIT REMOT AS POSSIBLE A DUNTRY BY ENG, CTS - FUND PRII INA FASO. FEED	including grants of \$ N LIBERIA TO TEACH TECH IEDICAL CLINICS - CONTI NITERS IN DIFFERENT COU E AREAS, ALONG WITH ME ND TRAIN LOCAL HEALTHH AGING LOCAL VOLUNTEER MARY SCHOOLS IN HAITI, ING PROGRAMS IN VARIOU	HNICAL SKILLS SUC NUED TO FUND MEI JNTRIES. MEDICAL EDICAL SUPPLIES A CARE PROVIDERS. C S AND PROVIDING MALT, BURKINA FAS US COUNTRIES INC	DICAL CLINICS I TRAINING MISS ND EQUIPMENT; DUR KIDS OUR F CRITICAL MATEF 50, MALAYSIA, G LUDING TANZAN	ION - THESE MISSIONS ARE SERVE AS MANY PEOPLE WHO UTURE - SEEK TO HELP THE MOST RIALS AND SERVICES TO
4a	(Code: GUATEMALA	HOSPITAL - OP) (Expenses \$ ERATION OF A HOSPITA	2,202,115 _ IN GUATEMALA	including grants of \$	0) (Revenue \$	1,628,591)
3	Did the org services? If "Yes," de Describe th Section 50	scribe these one organization for the section of th	changes on Schedule n's program service a	ke significant O. accomplishmer is are required		e largest program	services, as r	. ☐ Yes ☑ No neasured by expenses. hers, the total expenses,
2	-		lertake any significar 90-EZ?		vices during the year w	vhich were not lis	ted on	🗌 Yes 🗹 No
			S TO RELIEVE SUFFE GTHEN PEOPLE'S CA		BY NATURAL DISASTE LP THEMSELVES.	ERS OR HUMAN C	ONFLICT, PRO	MOTE PEACE AND
1			e O contains a respor nization's mission:	ise or note to a	any line in this Part III	<u></u>		<u></u>
Form Par	990 (2021) t III Sta	itement of	Program Service	Accomplis	hments			Page 2
					— Page 2 —			
			ct Notice, see the s		see instructions) . 		No. 11282Y	Form 990 (2021
May t	ha IDC dias	use this return	MCLEAN, VA 22102		coo instructions)			. 🗸 Yes 🗌 No
-	parer Only	Firm's addres	3) 893-0600					
Paic			eparer's name BDO USA	Preparer's	signature	Date 2023-11-15	Check if self-employed Firm's EIN	PTIN P01871563
	DAS	e or print name	ALIK DIRECTOR ADMIN and title					
Sign Here	, -	nature of officer					2023-11-15 Date	

Par	t 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 \mathfrak{B}	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🗐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> , Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 😒	10		No
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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? <i>If "Yes," complete Schedule D, Part VII</i> 🕲	11b		No
	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> 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😨	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🗐	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," completeSchedule D, Parts XI and XII 11	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional "	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	Yes	
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	

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Pai	Tt 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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> " <i>Yes</i> ," <i>answer lines 24b through 24d and complete Schedule K. If</i> " <i>No</i> ," <i>go to line 25a</i>	24a		No
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? \ldots .	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Ne
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	280 28c		No No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🧐	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 🗐	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	· ;	Yes	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2		res	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

Form	990	(2021)
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	Statements Regarding Other IRS Filings and Tax Compliance (continued)	1		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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	Yes	
b	If "Yes," enter the name of the foreign country: FGT			
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots .	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \ldots .	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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15	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?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm 99	0 (2021)
	Page 6			
	990 (2021)			Page 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	-	onse to	 Image: A start of the start of
Se	ction A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13		Tes	NO
14	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Ib 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 12			
2	officer, director, trustee, or key employee?	2	Yes	1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $\ .$	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\$.	5		No
6	Did the organization have members or stockholders?	6	Yes	ļ
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	1
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	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 in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	,)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	11a		No
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
D	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 organization's exempt status with respect to such arrangements?	16h		

S	ction C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
18	Section 6104 requires an organization to make its Form 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 in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records: NUDRAT SALIK 4602 DUNCAN DRIVE ANNANDALE, VA 22003 (703) 402-6103
	Form 990 (2021
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Form	990 (2021) Page
Pa	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
S	ction A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a (mplete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax
	ist all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount npensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
	st all of the organization's current key employees, if any. See the instructions for definition of "key employee."
who	st the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) eceived 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 ization and any related organizations.
	st all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 ortable compensation from the organization and any related organizations.
	st all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the ization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours	pers	an on on is	e bo botł	: che x, u n an	eck m nless office ustee	er	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) SAHIBZADA WALEED AHMAD	40.0			x				75,519	0	0
VP, HUMAN DEVELOPMENT PROGRAMS	0.0			~				, 0,015	, i i i i i i i i i i i i i i i i i i i	, i i i i i i i i i i i i i i i i i i i
(2) MAJID KHAN MEMBER & PRES., HF HEALTH SVC	40.0	x		х				37,384	0	0
(3) ISMAT MAHMOOD	20.0			x				27,462	0	0
DIRECTOR, MARKETING	0.0									
(4) ALANA LAUDONE 	40.0			х				8,846	0	0
(5) FIZAN ABDULLAH MEMBER	0.1	х						0	0	0
(6) MADEEL ABDULLAH MEMBER	0.1	х						0	0	0
(7) FIONA AHMED MEMBER	0.1	х						0	0	0
(8) IRFAN ALLADIN	0.1									

		Х	11		1 1	1 1	U	U	U
MEMBER	0.0								
(9) DHIA BAKR	0.1	х					0	0	0
MEMBER	0.0	^					0	U	0
(10) MUHAMMAD CHAUDHRY MEMBER	3.0	х					0	0	0
(11) IMRAN HAYEE MEMBER	0.1	х					0	0	0
(12) MUJEEB IJAZ MEMBER	3.0 	х					0	0	0
(13) AMJAD KHAN MEMBER	0.4	х					0	0	0
(14) JUNAID MALIK MEMBER	0.1	х					0	0	0
(15) MUNUM A NAEEM CHAIRMAN & EXECUTIVE DIRECTOR	0.0 18.0 0.0	х		x			0	0	0
(16) BASHIR AHMAD MALIK SECY. & VP, ADMIN. & CORP GOV.	5.0	х		x			0	0	0
(17) NUDRAT SALIK VP, FINANCE				x			0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related		ne bo	ox, ι n of :or/t	t ch inle: ficer rust	ss pers and a ee)	son a	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	related organizations
(18) HAMID MALIK	20.0			v				C		
VP, DOMESTIC PROGRAMS	0.0			х				L. L.	0	0
(19) MUHAMMAD MAHMOOD QURESHI	18.0									
VICE PRES., DISASTER RELIEF	0.0			х				C	0	0
(20) IRFAN CHAUDHRY	6.0									
CHIEF INFORMATION OFFICER	0.0			х				C	0	0
(21) NAILA HUMAYUN	1.0									
DIRECTOR, STUDENT DIVISION	0.0			Х				C	0	0
-							┢──			

1b Sub-Total			•	•			
c Total from continuation sheets to Part \	/II, Section A	 	►	•			
<u>d</u> Total (add lines 1b and 1c)		 	►	•	149,211	0	C

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\triangleright 0$

		Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3		No		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>				
	4	_	No		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>				
			No		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation			
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0					

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Form 990 (20	21)						Page 9			
Part VIII	Statement of Revenue									
	Check if Schedule O	contains a resp	onse or note to any	y line in this Part VII			<u></u>			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514			
stun derate	d campaigns	1a								
Contributions, gifts, grants and other similar amounts input and a similar amounts input a similar amo	hip dues	1b								
ndraisi	ing events	1c								
5 32	2,185	1								
	organizations	1d								
vernme	nt grants (contributions)	1e								
	ontributions, gifts, grants, r amounts not included	1f								
2,903	3,236									
g Noncash c lines 1a -	ontributions included in 1f:\$	1g								
269	9,898									
	Id lines 1a-1f		3,225,421							
			Business Code							
	ITAL REVENUES		621000	1,628,591	1,628,591					
Revenue										
č										

lo.			1 1			
Program Service						
jram						
Jord						
f All other program	service revenue.					
9 Total. Add lines 2			1		1	1
3 Investment income similar amounts) .		ds, interest, and other	0		0	
4 Income from invest	tment of tax-exemp	ot bond proceeds	0			
5 Royalties			0			
	(i) Real	(ii) Personal				
6a Gross rents	6a					
b Less: rental expenses	6b					
c Rental income or (loss)	6c	0 0)			
d Net rental income		-	0			
	(i) Securiti	ies (ii) Other	-			
7a Gross amount from sales of assets other	7a					
than inventory b Less: cost or			-			
other basis and sales expenses	7b					
c Gain or (loss)	7c					
d Net gain or (loss))		0			
Gross income from fu (not including \$	undraising events 322,185 of					
contributions reporte	ed on line 1c).					
See Part IV, line 18	_	8a 0 8b 9,592				
	L		-9,592			-9,592
c Net income or (los	ſ		1			
Gross income from See Part IV, line 19		9				
b Less: direct exper	_	9a 0 9b 0	-			
c Net income or (los			0			
10a Gross sales of inverse of inverse and allower and	ances	10a 2,969				
b Less: cost of good		10b 6,167				
c Net income or (los	ss) from sales of in	ventory ►	-3,198			-3,198
Miscellane 11a	ous Revenue	Business Code	-			
114						
b						
2						
c						
d All other revenue						
e Total. Add lines 1	1a-11d	►	0			
12 Total revenue. S	See instructions .	🕨	4,841,222	1,628,591	0	-12,790
			7,041,222	1,020,091	0	-12,790

Form 990 (2021)

Ρ	art IX Statement of Functional Expenses				(1)
	Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organizatio	ns must complete colu	mn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			
	not include amounts reported on lines 6b, 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	12,545	12,545		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	1,135,994	1,135,994		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	149,211	140,838		8,373
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	854,869	819,033	10,459	25,377
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	123,767	103,552	4,057	16,158
11	Fees for services (non-employees):				
i	Management	0			
I	• Legal	13,092	1,949	11,143	
(Accounting	19,100		19,100	
(Lobbying	0			
(Professional fundraising services. See Part IV, line 17	45,655			45,655
1	Investment management fees	0		Γ	
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	79,645	27,298	4,711	47,636
12	Advertising and promotion	6,999	6,999		
13	Office expenses	22,953	9,360	11,543	2,050
14	Information technology	18,313			18,313
15	Royalties	0			
16	Occupancy	106,539	43,925	62,614	
17	Travel	125,461	87,612	36,801	1,048
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,000	1,000		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	133,726	127,455	6,271	
23	Insurance	19,939	11,189	8,750	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a MEDICAL & NONMED SUPPLIES	1,104,374	1,016,063	34,710	53,601
	b PROFESSIONAL MEDICAL SERV.	270,481	270,481		
	c BANK FEE AND SVC CHARGES	95,369		95,369	
	d OTHER EXPENSES	65,131	31,786	4,965	28,380
	e All other expenses	14,964	14,964		
25	Total functional expenses. Add lines 1 through 24e	4,419,127	3,862,043	310,493	246,591
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
		I			

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Pá	art X	Balance Sheet						
		Check if Schedule O contains a response or not	e to ar	y line in this Part IX			🗆	
					(A) Beginning of year		(B) End of year	
	1	Cash-non-interest-bearing			1,728,130	1	2,475,150	
	2	Savings and temporary cash investments .			0	2	0	
	3	Pledges and grants receivable, net			166,238	3	111,123	
	4	Accounts receivable, net		[0	4	0	
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	0	5	0			
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in section			0	6	0	
ŝ	7	Notes and loans receivable, net			0	7	0	
Assets	8	Inventories for sale or use			348,963	8	198,917	
SS	9	Prepaid expenses and deferred charges .			42,330	9	58,124	
đ	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,443,614				
	b	Less: accumulated depreciation	10b	602,225	1,980,249	10c	1,841,389	
	11	Investments—publicly traded securities .			0	11	0	
	12	Investments-other securities. See Part IV, line	11 .		0	12	0	
	13	Investments-program-related. See Part IV, line	e 11 .	· [0	13	0	
	14	Intangible assets			0	14	0	
	15	Other assets. See Part IV, line 11		2,549	15	114,083		
	16	Total assets. Add lines 1 through 15 (must eq	ual line	33)	4,268,459	16	4,798,786	
	17	Accounts payable and accrued expenses		205,233	17	274,409		
	18	Grants payable	0	18	0			
	19	Deferred revenue	F	0	19	0		
	20	Tax-exempt bond liabilities		F	0	20	0	
	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D	0	21	0	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	cer, director, trustee, key	0	22	0		
Ť	23	Secured mortgages and notes payable to unrela	ited thi	rd parties	0	23	0	
	24	Unsecured notes and loans payable to unrelated		· _	33,999	24	0	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		6,756		118,384		
	26	Total liabilities. Add lines 17 through 25						
ances		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	neck h	ere 🕨 🗹 and			0.500.074	
als	27	Net assets without donor restrictions	•		2,894,161	27	2,536,971	
d E	28	Net assets with donor restrictions	• •	· · · · · ·	1,128,310	28	1,869,022	
Net Assets or Fund Balances	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	heck here 🕨 🗌 and		29			
ts	30	Paid-in or capital surplus, or land, building or ec		nt fund		30		
Se	31	Retained earnings, endowment, accumulated in				31	<u> </u>	
As		Total net assets or fund balances	come, (4,022,471	32	4,405,993	
et	32 33		•	· · · · · ·	4,022,471		4,798,786	
2	33	Total liabilities and net assets/fund balances .	•		4,200,459	33	4,190,100	

Form 990 (2021)

Part XI Reconcilliation of Net Assets

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	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	4,841,222
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,419,127
3	Revenue less expenses. Subtract line 2 from line 1	3	422,095
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,022,471
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 in Schedule O)	9	-38,573
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,405,993
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 Accrual Other 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		No		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:					
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Separate basis Separate basis					
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes			
	If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?	3a		No		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b				
		F	orm 99	0 (2021)		

Form 990 (2021)	
Additional Data	Return to Form

Software ID: Software Version:

Form 990, Special Condition Description:

Special Condition Description

1

efil	e Put	olic Visual	Render	ObjectId: 2	20231319934931	4756 - Subn	nission: 2023-	11-15	TIN: 20-0464012		
SCHEDULE A				Public	Charity Statu	s and Pu	blic Supp	ort	OMB No. 1545-0047		
					rganization is a sect		2022				
		ne Treasury			4947(a)(1) nonexe Attach to Form						
Interna	l Revenu	e Service		Go to <u>www.irs</u>	<u>.gov/Form990</u> for in			ormation.	Open to Public Inspection		
		ne organiza	ition					Employer identifi			
HUMA	NITY FI	RST USA						20-0464012			
	rt I				us (All organization			See instructions.			
	organiz				e it is: (For lines 1 thro	5 ,	, ,				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		•	•	•	vice organization desc			2			
4		A medical i name, city,	research orga , and state:	nization operat	ed in conjunction with	a hospital desc	ribed in section :	L70(b)(1)(A)(iii). E	inter the hospital's		
5				d for the benefi mplete Part II.)	t of a college or univer	sity owned or o	operated by a gov	ernmental unit descr	ibed in section		
6	\Box			• •	, governmental unit de	scribed in sect	ion 170(b)(1)(A	.)(v).			
7		An organiz	ation that nor	mally receives	a substantial part of it	s support from	a governmental u	nit or from the gener	al public described in		
8				(vi). (Complete	e Part II.) • 170(b)(1)(A)(vi). •	(Complete Bart	II)				
9								with a land event cal			
9	\cup				escribed in 170(b)(1) ee instructions. Enter				lege of university of a		
10		from activit investment	ties related to t income and	o its exempt fur unrelated busin		ain exceptions	, and (2) no more	than 33 1/3% of its s			
11	\square	•			omplete Part III.) d exclusively to test for	r public safety.	See section 509	(a)(4).			
12		-		•	d exclusively for the be	• •			ne purposes of one or		
		more publi	cly supported	organizations	described in section 5 s the type of supportin	09(a)(1) or s	ection 509(a)(2). See section 509(
а		organizatio	on(s) the pow	ganization oper er to regularly a t ions A and B	ated, supervised, or co appoint or elect a majo	ontrolled by its prity of the dire	supported organiz ctors or trustees o	zation(s), typically by of the supporting orga	giving the supported anization. You must		
b		manageme	ent of the sup		ervised or controlled in ation vested in the san and C.						
с					supporting organizatio ions). You must com				ated with, its		
d	\Box	Type III r	non-function	ally integrate	d. A supporting organi	zation operated	d in connection wi	th its supported orga	nization(s) that is not		
		functionally	y integrated. s). You mus t	The organizatio t complete Pa	n generally must satis r t IV, Sections A and	fy a distributior D, and Part V	n requirement and /.	an attentiveness rec	juirement (see		
е					ved a written determin		IRS that it is a Ty	pe I, Type II, Type II	I functionally		
f	Enter			,	integrated supporting						
g					upported organization(· · · · · · · · <u>–</u>			
	(i) N	lame of supp organization		(ii) EIN	EIN (iii) Type of (i		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
						Yes	No				
Tota											
		work Reduc	tion Act Not	tice, see the I	nstructions for	Cat. No. 1128	35F	Schedule	A (Form 990) 2022		
Form	990	or 990-EZ.									
					Pag	ge 2					
Sche	dule A	(Form 990)	2022						Page 2		
Pa	rt II	(Compl	ete only if y	ou checked th	ne box on line 5, 7,	or 8 of Part I	or if the organi	zation failed to qua			
6.	ction	If the o		failed to qual	ify under the tests l	isted below, p	please complete	Part III.)			
	ndar		σαρροιτ			I	I	I	I		

	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	4,042,707	1,513,707	2,166,293	2,744,168	3,225,421	13,692,296
2	include any "unusual grant.") Tax revenues levied for the						0
	organization's benefit and either paid to or expended on its behalf.						0
3	The value of services or facilities furnished by a governmental unit to						0
4	the organization without charge Total. Add lines 1 through 3	4,042,707	1,513,707	2,166,293	2,744,168	3,225,421	13,692,296
5	The portion of total contributions by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,010,1,07	2,100,255	2,7 1 1/200	0,220, 121	10,002,200
	each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						1,821,325
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						11,870,971
S	ection B. Total Support						
	lendar year • fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4.	4,042,707	1,513,707	2,166,293	2,744,168	3,225,421	13,692,296
8	Gross income from interest, dividends, payments received on						0
	securities loans, rents, royalties and income from similar sources.						0
9	Net income from unrelated business		2 202	7 220	16.677	12 700	16.000
	activities, whether or not the business is regularly carried on.	2,757	2,382	7,338	-16,677	-12,790	-16,990
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	0	0	25,000	0	0	25,000
11	Total support. Add lines 7 through 10						13,700,306
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	6,863,358
13	First 5 years. If the Form 990 is for						ization, check
	this box and stop here					▶□	
	ection C. Computation of Publi Public support percentage for 2022 (li			column (f))			96 6 47 9/
14 15	Public support percentage for 2022 (iii Public support percentage for 2020 So					14 15	86.647 % 84.288 %
	33 1/3% support test—2022. If the						
b	and stop here. The organization qual 33 1/3% support test—2021. If th	lifies as a publicly e organization did	supported organiz not check a box o	ation n line 13 or 16a, a			🕨 🗹 k this
	box and stop here. The organization						
17a	10%-facts-and-circumstances tes and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	check a box on lir his box and stop h	ne 13, 16a, or 16b I ere. Explain in Pa	, and line 14 is 10 irt VI how the orga	anization
b	meets the "facts-and-circumstances" 10%-facts-and-circumstances te more, and if the organization meets	test. The organiza st—2021. If the o	tion qualifies as a organization did no	publicly supported t check a box on l	organization ine 13, 16a, 16b,	or 17a, and line 1	► 🗆 5 is 10% or
18	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		
10	instructions				•		► 🗆
						Schedule A (Form 990) 2022
			Page 3				
			-				
Sch	edule A (Form 990) 2022						Page 3

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you checked the boy on line 10 of Part I or if the organization

(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.) Section A. Public Support Calendar year (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are 3 not an unrelated trade or business under section 513 . .

4 Tax revenues levied for the

	organization's benefit and either paid	I	I	1		1	1		
5	to or expended on its behalf The value of services or facilities								
5	furnished by a governmental unit to								
-	the organization without charge								
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disgualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
c	13 for the year. Add lines 7a and 7b.								
8	Public support. (Subtract line 7c								
	from line 6.)								
	ection B. Total Support		T		1	-			
	endar year fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
` 9	Amounts from line 6								
10a	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,								
с	1975. Add lines 10a and 10b.			-					
11	Net income from unrelated business								
	activities not included on line 10b,								
	whether or not the business is regularly carried on.								
12	Other income. Do not include gain or								
	loss from the sale of capital assets (Explain in Part VI.)								
13									
	11, and 12.) First 5 years. If the Form 990 is for the form 10 is form 10 is for the form 10 is for 10 is form 10 is for 10	he organization's	first second thi	rd fourth or fift	h tax year as a se	$rac{1}{2}$	organiza	tion ch	ock
14	this box and stop here	-			-		-		
Se	ection C. Computation of Public				<u></u>				
		a Q asluman (f) d	ivided by line 12	. column (f)) .		15			
15	Public support percentage for 2022 (lir	ne 8, column (r) a	ivided by line 13	,					
15 16	Public support percentage for 2022 (III Public support percentage from 2021 S		-			16			
16	Public support percentage from 2021 Section D. Computation of Invest	Schedule A, Part I ment Income	II, line 15 Percentage	· · · · · · · · ·		16			
16	Public support percentage from 2021 S ection D. Computation of Invest Investment income percentage for 202	Schedule A, Part I ment Income 22 (line 10c, colu	II, line 15 Percentage mn (f) divided b	y line 13, columr	ו (f))	16			_
16 Se 17 18	Public support percentage from 2021 S ection D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2	Schedule A, Part I ment Income 22 (line 10c, colu 1021 Schedule A,	II, line 15 Percentage mn (f) divided b Part III, line 17	y line 13, columr	n (f))	16 17 18			
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16 Se 17 18	Public support percentage from 2021 Section D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the	Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A, organization did r t stop here. The e organization did	II, line 15	y line 13, columr k on line 14, and lifies as a public on line 14 or lin	n (f)) line 15 is more th ly supported orga e 19a, and line 16	16 17 18 nan 33 1/3%, and nization 5 is more than 33	 3 1/3% ai	► □ nd line :	18 is
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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?

3b

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.	F

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).

Schedule A (Form 990) 2022

Yes

No

3c

4a

4b

4c

5a

5b

5с

6

7

8

9a

9b

9с

10a

Pa	a	۵	
га	У	c	

Schedule A (Form 990) 2022 Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 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 11b A family member of a person described on 11a above? b 11c С A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI Section B. Type I Supporting Organizations Yes No 1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's

	activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
		1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit		
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2	

Section C.	Type II	Supporting	Organizations
------------	---------	------------	---------------

1

1

Yes

1

2

3

No

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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).*
- 3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a 🕥 The organization satisfied the Activities Test. Complete line 2 below.
- **b** \square The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c 🕥 The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

 a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 Image: Constitute of the organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 Image: Constitute of the organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 Image: Constitute of the organization was responsive? If "Yes," 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 involvement.
 Image: Constitute of the constitute of the organization of the organization of the organization of the organization of supported organization(s) would have engaged in these activities but for the organization's involvement.

 2b
 Image: Constitute of the organization of the organization of the organization of the organization's involvement.

Page 6

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.

3b Schedule A (Form 990) 2022

Page 6

3a

Schedule A (Form 990) 2022

1

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	Section 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		
	Section 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):	1		
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		
	Discount claimed for blockage or other factors			

	(explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	ntegrat	ted Type III supporting organization (see

Schedule A (Form 990) 2022

Page **7**

_____ Page 7 —

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organizations (co	ntinued)	
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	n exempt purposes		1	
 Amounts paid to perform activity that directly furthers excess of income from activity 		organizations, in	2	
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organization	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI)		5	
6 Other distributions (<i>describe in Part VI</i>). See instruction	ons		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to wi details in Part VI). See instructions	hich the organization is respon	sive (<i>provide</i>	8	
9 Distributable amount for 2022 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018. .				
d From 2020				
e From 2021				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2022 distributable amount				
 Carryover from 2017 not applied (see instructions) 				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2022 from Section D, line 7:				
\$				
a Applied to underdistributions of prior years				
L Analised to 2022 distributable sussions	ļ		I	

c Remaining underdistributions for years prior to 2022, if were, Subtract lines 3g and 4g from line 2. If the amount is greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3n and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3n and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022 Schedule A (Form 990) 2022 Page 8 Schedule A (Form 990) 2022 Page 8 Schedule A (Form 990) 2022 Facts And Circumstances Test Facts And Circumstances Test Section D, lines 2 and 3; Part IV, Section E, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6g, 9a, 9b, 9c, 11a, 11b, and 11c; Part II, line 17a or 17b; Part III, line 17b; Part II, Section C, line e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). Facts And Circumstances Test Schedule A (Form 990) Sectou D, lines 5, 6, and 8; and Part V, Section E, lines	D Applied to 2022 distributable amou	nt		
2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3) and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2018 c Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022 Page 8 Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part V Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part V, Section B, lines 1 and 2; Part IV, Section C, lines 2, nd 3. Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).	c Remainder. Subtract lines 4a and 4	o from line 4.		
Ines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. Image: Comparison of the C	2022, if any. Subtract lines 3g and If the amount is greater than zero,	4a from line 2.		
3j and 4c. Image: Stress from 2018. Image: Stress from 2018. Image: Stress from 2018. Image: Stress from 2018. Image: Stress from 2019. Image: Stress from 2019. Image: Stress from 2020.	lines 3h and 4b from line 1. If the a	mount is greater		
a Excess from 2018. . b Excess from 2019. . c Excess from 2020. . d Excess from 2021. . d Excess from 2022. . e Excess from 2022. . Page 8 Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1, and 2; Part IV, Section D, lines 2, and 3; Part V, Section E, lines 1, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). Facts And Circumstances Test Return Reference Return Reference		2023. Add lines		
b Excess from 2019. .	8 Breakdown of line 7:			
c Excess from 2020 d Excess from 2021 e Excess from 2022 e Excess from 2022 Page 8 Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). Facts And Circumstances Test Return Reference	a Excess from 2018			
d Excess from 2021 e Excess from 2022 Schedule A (Form 990) Page 8	b Excess from 2019			
e Excess from 2022	c Excess from 2020			
Schedule A (Form 990) Page 8 Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). Facts And Circumstances Test Return Reference	d Excess from 2021			
Page 8 Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). Facts And Circumstances Test Return Reference	e Excess from 2022			
Return Reference Explanation	Part VI Supplemental Informati Section A, lines 1, 2, 3b, 3 Part IV, Section D, lines 2 Section D, lines 5, 6, and 8	c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 1 and 3; Part IV, Section E, lines 1c,	1b, and 11c; Part IV, Section B, 2a, 2b, 3a and 3b; Part V, line 1	lines 1 and 2; Part IV, Section C, line 1; ; Part V, Section B, line 1e; Part V
		Facts And Circ	umstances Test	
Schedule A (Form 990)	Return Reference		Explanation	
			-	Schedule & (Form 990) 2022

Additional Data

Software ID: Software Version: **Return to Form**

efile Public Visual Ren	der Objectld: 202313199349314756 - Submission: 2023-11-15		TIN: 20-0464012
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	orm 990) Partment of the Treasury Go to www.irs.gov/Form990 for the latest information.		
Name of the organizatior HUMANITY FIRST USA	1	Employer id	entification number
		20-0464012	
Organization type (che	eck one):		
Filers of:	Section:		
Form 990 or 990-EZ	□ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	ation	
	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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Cat. No. 30613X

Schedule B (Form 990) (2022)

Page 2

Schedule B (Form 990) (2022)

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	· · · · · · · · · · · · · · · · · · ·	\$ RESTRICTED	 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
		\$	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.) Schedule B (Form 990) (2022)

Page 3

Schedule I	B (Form 990) (2022)		Page 3
Name of or HUMANITY		Employer identification	n number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received

-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
			Schedule B (Form 990) (2022)
	Page 4		
	3 (Form 990) (2022)		Page 4
Name of org		Employer iden	tification number

20-0464012

(a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) ariation of how aift is hold (h) Durnage of gift (d)

Part I	(b) Purpose of gift		(C) U	se or girt	(a) Description of now gift is neig
. =					
	Transferee's name, address, and	ZIP 4	(e) Tra	nsfer of gift Relatio	nship of transferor to transferee
-			= =		
(a) No. from Part I	(b) Purpose of gift		(c) U	se of gift	(d) Description of how gift is held
· =	Transferee's name, address, and	ZIP 4	(e) Tra	nsfer of gift Relatio	onship of transferor to transferee

Schedule B (Form 990) (2022)

Additional Data

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Software ID: Software Version:

efile Public Visua	al Render	ObjectId: 2023131	99349314756 - Submission: 20	23-11-1	15	TIN: 20-0464012	
SCHEDULE D		Sunnlemen	tal Financial Statement	· c		OMB No. 1545-0047	
(Form 990) Department of the Treasury		► Complete if the or Part IV, line 6, 7, 8, 9, 1	Complete if the organization answered "Yes," on Form 990, IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.				
Internal Revenue Service		o to <u>www.irs.gov/Form</u>	990 for instructions and the latest in			Inspection	
Name of the organ HUMANITY FIRST USA	ization			Em	ployer ident	fication number	
				-	0464012		
			sed Funds or Other Similar Fund s" on Form 990, Part IV, line 6.	s or Ac	counts.		
Comple		inization answered Te	(a) Donor advised funds		(b) Funds a	nd other accounts	
1 Total number at	end of year .						
2 Aggregate value	of contribution	ns to (during year)					
3 Aggregate value	of grants from	n (during year)					
4 Aggregate value	at end of year	•••••					
			rs in writing that the assets held in dono clusive legal control?		funds are the	🗆 Yes 🗌 No	
charitable purpo	oses and not fo	or the benefit of the donor	nor advisors in writing that grant funds or donor advisor, or for any other purpo	se conferi		sible	
	vation Ease						
			s" on Form 990, Part IV, line 7. ization (check all that apply).				
		oublic use (e.q., recreation		f an histor	rically import:	int land area	
\Box	of natural hab		Preservation of		, ,		
\square	on of open spa						
			qualified conservation contribution in the	form of a	a conservatio	1	
easement on th					-	he End of the Year	
a Total number of	conservation e	easements		2a			
b Total acreage real	stricted by con	servation easements		2b			
			c structure included in (a)	2c			
structure listed i	n the National	Register	red after 7/25/06, and not on a historic	2d			
3 Number of cons tax year ►	ervation easer	nents modified, transferre	d, released, extinguished, or terminated	by the or	ganization du	ring the	
4 Number of state	es where prope	erty subject to conservation	n easement is located >				
			e periodic monitoring, inspection, handli ?	ing of viol	ations,	Yes 🗌 No	
6 Staff and volunt	eer hours dev	oted to monitoring, inspec	ting, handling of violations, and enforcin	g conserv	ation easeme	nts during the year	
7 Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and enforcing cor	servation	easements d	uring the year	
			above satisfy the requirements of sectio			Yes 🗌 No	
balance sheet, a	and include, if		ervation easements in its revenue and ex footnote to the organization's financial s ts.			es	
			of Art, Historical Treasures, or (s" on Form 990, Part IV, line 8.	Other Si	milar Asse	ts.	
historical treasu	res, or other s	imilar assets held for pub	C 958, not to report in its revenue state ic exhibition, education, or research in fu ents that describes these items.				
	res, or other s	imilar assets held for pub	C 958, to report in its revenue statemen ic exhibition, education, or research in fo				
(i) Revenue includ	led on Form 99	90, Part VIII, line 1			▶\$		
following amour	nts required to	be reported under FASB	cal treasures, or other similar assets for ASC 958 relating to these items:	-			
a Revenue include	ed on Form 99	0, Part VIII, line 1			. ►\$		
b Assets included	in Form 990. I	Part X			. ►s		

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

			— Page 2 ——			
cho	dule D (Form 990) 2021		-			Dana
	III Organizations Maintaining	Collections of A	rt. Historical T	reasures.	or Other Similar A	Page
	Using the organization's acquisition, acc					
_	items (check all that apply):		d 🗆			
а	Public exhibition		ŭ	Loan or ex	change programs	
b	Scholarly research		e 🗌	Other		
с	Preservation for future generation	-				
	Provide a description of the organization		lain how they furt	her the orga	nization's exempt purpo	ose in
	Part XIII. During the year, did the organization sol assets to be sold to raise funds rather th					
Par	t IV Escrow and Custodial Arra					U Yes U No
chi	Complete if the organization line 21.		Form 990, Part	IV, line 9,	or reported an amou	unt on Form 990, Part X
а	Is the organization an agent, trustee, cu included on Form 990, Part X?					
						🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part	XIII and complete t	ne following table:			Amount
с	Beginning balance				1c	
d	Additions during the year				1d	
e	Distributions during the year				1e	
f	Ending balance				1f	
а	Did the organization include an amount	on Form 990, Part X,	line 21, for escrow	v or custodia	I account liability?	Yes No
b	If "Yes," explain the arrangement in Part	XIII. Check here if t	he explanation has	s been provid	ded in Part XIII	
Pa	t V Endowment Funds.					
	Complete if the organization	answered "Yes" on (a) Current yea				ears back (e) Four years back
a	Beginning of year balance	(u) current ye				
	Contributions					
b		s				
b c	Contributions Net investment earnings, gains, and losse Grants or scholarships	s				
b c d e	Net investment earnings, gains, and losse	s				
b c d e	Net investment earnings, gains, and losse Grants or scholarships Other expenditures for facilities	s				
b c d e	Net investment earnings, gains, and losse Grants or scholarships Other expenditures for facilities and programs	s				
b c d e f g	Net investment earnings, gains, and losse Grants or scholarships Other expenditures for facilities and programs Administrative expenses		ance (line 1g, colu	Imn (a)) held	l as:	
b c d f g a	Net investment earnings, gains, and losse Grants or scholarships	current year end bal	ance (line 1g, colu	ımn (a)) helo	d as:	
b c d e f g b	Net investment earnings, gains, and losse Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment . Permanent endowment .	current year end bal	ance (line 1g, colu	ımn (a)) helo	d as:	
b c d e f g b	Net investment earnings, gains, and losse Grants or scholarships	current year end bal				
b c d f g b c	Net investment earnings, gains, and losse Grants or scholarships	current year end bal				
b d e f g a b c	Net investment earnings, gains, and losse Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c Are there endowment funds not in the p organization by:	current year end bal	nization that are h			Yes No
b d e f g a b c	Net investment earnings, gains, and losse Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c Are there endowment funds not in the p organization by: (i) Unrelated organizations	current year end bal	nization that are h	neld and adm		3a(i)
b d e f b c a	Net investment earnings, gains, and losse Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c Are there endowment funds not in the p organization by:	current year end bal should equal 100%. ossession of the orga	nization that are h	neld and adm		
b d e f b c a	Net investment earnings, gains, and losse Grants or scholarships	current year end bal should equal 100%. ossession of the orga	nization that are h red on Schedule F	neld and adm		3a(i) 3a(ii)
b d f g a b c a b	Net investment earnings, gains, and losse Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c Are there endowment funds not in the p organization by: (i) Unrelated organizations If "Yes" on 3a(ii), are the related organiz Describe in Part XIII the intended uses or tVI Land, Buildings, and Equip	current year end bal current year end bal ossession of the orga cations listed as requi	nization that are h red on Schedule F endowment funds.	neld and adm ?	ninistered for the	3a(i) 3a(ii) 3b
b d f g a b c a b	Net investment earnings, gains, and losse Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c Are there endowment funds not in the p organization by: (i) Unrelated organizations If "Yes" on 3a(ii), are the related organiz Describe in Part XIII the intended uses of tVI Land, Buildings, and Equip Complete if the organization Description of property	current year end bal should equal 100%. ossession of the orga vations listed as requi of the organization's e oment. answered "Yes" on	nization that are h red on Schedule F endowment funds.	ield and adm	ninistered for the	3a(i) 3a(ii) 3b
b d f g a b c a b	Net investment earnings, gains, and losse Grants or scholarships Construction Date expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c Are there endowment funds not in the p organization by: (i) Unrelated organizations If "Yes" on 3a(ii), are the related organiz Describe in Part XIII the intended uses or tVI Land, Buildings, and Equip Complete if the organization Description of property (a) Cost (inv	current year end bal should equal 100%. ossession of the orga rations listed as requi of the organization's e oment. answered "Yes" on or other basis (b)	nization that are h red on Schedule F endowment funds. Form 990, Part Cost or other basis (IV, line 11	ninistered for the	3a(i) 3a(ii) 3b rt X, line 10. (d) Book value
b d e f g a b c a b c a	Net investment earnings, gains, and losse Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c Are there endowment funds not in the p organization by: (i) Unrelated organizations If "Yes" on 3a(ii), are the related organiz Describe in Part XIII the intended uses of tVI Land, Buildings, and Equip Complete if the organization Description of property (a) Cost (inv Land	current year end bal should equal 100%. ossession of the orga rations listed as requi of the organization's e oment. answered "Yes" on or other basis (b)	nization that are h red on Schedule R endowment funds. Form 990, Part Cost or other basis (ield and adm .	ninistered for the a. See Form 990, Pa Accumulated depreciation	3a(i)
b d f g b c a b b a b	Net investment earnings, gains, and losse Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c Are there endowment funds not in the p organization by: (i) Unrelated organizations If "Yes" on 3a(ii), are the related organiz Describe in Part XIII the intended uses or tVI Land, Buildings, and Equip Complete if the organization Description of property (a) Cost (inv Buildings	current year end bal should equal 100%. ossession of the orga rations listed as requi of the organization's e oment. answered "Yes" on or other basis (b)	nization that are h red on Schedule R endowment funds. Form 990, Part Cost or other basis (ineld and adm ineld and ineld and adm <td>a. See Form 990, Pa Accumulated depreciation</td> <td>3a(i) </td>	a. See Form 990, Pa Accumulated depreciation	3a(i)
b c d f g b c a b c a b c a b c a b c a b c a c	Net investment earnings, gains, and losse Grants or scholarships Grants or scholarships Dther expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment Term endowment Term endowment The percentages on lines 2a, 2b, and 2c Are there endowment funds not in the p organization by: (i) Unrelated organizations If "Yes" on 3a(ii), are the related organiz Describe in Part XIII the intended uses or tVI Land, Buildings, and Equip Complete if the organization Description of property (a) Cost (inv Land Buildings Leasehold improvements	current year end bal should equal 100%. ossession of the orga rations listed as requi of the organization's e oment. answered "Yes" on or other basis (b)	nization that are h red on Schedule F endowment funds. Form 990, Part Cost or other basis (2 1,2	ineld and adm ineld and adm <td< td=""><td>ainistered for the a. See Form 990, Pa Accumulated depreciation 315,572 626</td><td>3a(i) </td></td<>	ainistered for the a. See Form 990, Pa Accumulated depreciation 315,572 626	3a(i)
b c f a b c a b c a b c a b c a b c a d c a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d b c d a b c d a b c d b c d a b c d a b c d a b c d a b c a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c a b c d a b c a b a b	Net investment earnings, gains, and losse Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c Are there endowment funds not in the p organization by: (i) Unrelated organizations If "Yes" on 3a(ii), are the related organiz Describe in Part XIII the intended uses or tVI Land, Buildings, and Equip Complete if the organization Description of property (a) Cost (inv Buildings	current year end bal should equal 100%. ossession of the orga rations listed as requi of the organization's e oment. answered "Yes" on or other basis (b)	nization that are h red on Schedule F endowment funds. Form 990, Part Cost or other basis (2 1,2 7	ineld and adm ineld and ineld and adm <td>a. See Form 990, Pa Accumulated depreciation</td> <td>3a(i) </td>	a. See Form 990, Pa Accumulated depreciation	3a(i)

Schedule	D	(Form	990)	2021

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" on Form 990,			
 (a) Description of security or category (including name of security) 	(b) Book		(c) Method of valuation: or end-of-year market value
(including frame of security)	value	COSL	or end-or-year market value
L) Financial derivatives			
2) Closely-held equity interests			
3)Other			
A)			
rt)			
В)			
C)			
D)			
E)			
	_		
F)			
G)			
10			
Н)			
Total. (Column (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	ling 110 Coo For	ma 000 Davit V line 12
	, i ui c i v,	ine IIC. See For	m 990, Part X, line 13.
(a) Description of investment	, i ai c i v, i	(b) Book value	(c) Method of valuation:
			(c) Method of valuation:
(a) Description of investment (1) (2)			(c) Method of valuation:
1) 2)			(c) Method of valuation:
(1) (2)			(c) Method of valuation:
1) 2) 3)			(c) Method of valuation:
1) 2) 3) 4)			(c) Method of valuation:
1) 2) 3) 4)			(c) Method of valuation:
1) 2) 3) 4) 5)			(c) Method of valuation:
1) 2) 3) 4) 5) 6)			(c) Method of valuation:
(1)			(c) Method of valuation:
(1) (2) (3) (4) (5) (6)			(c) Method of valuation:
(1) (2) (3) (4) (5) (6) (7) (8)			(c) Method of valuation:
1) 2) 3) 4) 5) 6) 7) 8)			(c) Method of valuation:
1) 2) 3) 4) 5) 6) 7)			(c) Method of valuation:
1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets.		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990,		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, (a) Description		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990,		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, (a) Description		(b) Book value	(c) Method of valuation: Cost or end-of-year market value

(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 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.

 (a) Description of liability

 (b) Book value

 1.

		U
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	118,384
2. Liebility for uncertain terr positions. In Dark VIII, provide the territ of the featurets to the owner	wineticals financial statements that a	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

— Page 4 —

Schedule D (Form 990) 2021

	ule D (Form 990) 2021 t XI Reconciliation of Revenue per Audit	ed Financial Stateme	nts V	Vith Revenue ner Re	turn.	Page 4
I GI	Complete if the organization answered '			-		
L	Total revenue, gains, and other support per audited fi	nancial statements			1	5,241,237
2	Amounts included on line 1 but not on Form 990, Part	t VIII, line 12:				
а	Net unrealized gains (losses) on investments		2a			
b	Donated services and use of facilities		2b	445,821		
с	Recoveries of prior year grants	[2c			
d	Other (Describe in Part XIII.)	[2d			
е	Add lines 2a through 2d				2e	445,821
3	Subtract line 2e from line 1				3	4,795,416
1	Amounts included on Form 990, Part VIII, line 12, but	t not on line 1 :		·		
а	Investment expenses not included on Form 990, Part	VIII, line 7b 🔒	4a			
b	Other (Describe in Part XIII.)	[4b	45,806		
с	Add lines 4a and 4b				4c	45,806
5	Total revenue. Add lines 3 and 4c. (This must equal F	Form 990, Part I, line 12.)			5	4,841,222
Par	XII Reconciliation of Expenses per Audi	ted Financial Stateme	ents \	With Expenses per R	eturn.	
	Complete if the organization answered '					
L	Total expenses and losses per audited financial staten	nents			1	4,819,293
2	Amounts included on line 1 but not on Form 990, Part	t IX, line 25:				
а	Donated services and use of facilities		2a	445,821		
b	Prior year adjustments		2b			
с	Other losses		2c			
d	Other (Describe in Part XIII.)		2d			
е	Add lines 2a through 2d				2e	445,821
3	Subtract line 2e from line 1				3	4,373,472
4	Amounts included on Form 990, Part IX, line 25, but i	not on line 1:				
а	Investment expenses not included on Form 990, Part	VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		4b	45,655		
с	Add lines 4a and 4b				4c	45,655
5	Total expenses. Add lines 3 and 4c. (This must equal	Form 990, Part I, line 18.)			5	4,419,127
Pai	t XIII Supplemental Information					
	ide the descriptions required for Part II, lines 3, 5, and 2d and 4b; and Part XII, lines 2d and 4b. Also comple				/, line 4;	Part X, line 2; Part XI,
	Return Reference			Explanation		
ORN	C	UMANITY FIRST COMPLIES ODIFICATION TOPIC ACCOU NDING DECEMBER 31, 2022	JNTIN	THE PROVISIONS OF TH	NCOME	TAXES, FOR THE YEARS
ORM	990, SCHEDULE D, PART XI, LINE 4B	THER MISCELLANEOUS COO UDITED FINANCIAL STATEM	GS RE	VENUE INCLUDED ON FO	RM 990 N	IOT INCLUDED IN THE

PROFESSIONAL FUNDRAISING EXPENSES: 45,655

FORM 990, SCHEDULE D, PART XII, LINE 4B

Schedule D (Form 990) 2021

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visual Reno	ler C	bjectId: 202	3131993493	14756 - Submission:	2023-11-15	5	TIN: 20-0464012
CHEDULE F	State	ement of	Activities	Outside the Un	ited State	es	OMB No. 1545-0047
Form 990)			2022				
	► Comp	lete if the organiz		Yes" to Form 990, Part IV, to Form 990.	ine 140, 15, or	16.	2022
epartment of the Treasury ternal Revenue Service	,	► Go to <i>www.irs.g</i>	<i>jov/Form990</i> for i	nstructions and the latest i	nformation.		Open to Public Inspection
ame of the organization					Em	ployer ider	ntification number
UMANITY FIRST USA					20-0	0464012	
Part I General Info Form 990, Part			Outside the	United States. Comple	ete if the orga	anization a	answered "Yes" on
other assistance, the	grantees'	eligibility for th	e grants or assi	substantiate the amoun stance, and the selectior	criteria used		🗹 Yes 🗌 No
For grantmakers. De outside the United Sta		Part V the orga	anization's proce	dures for monitoring the	use of its gra	ints and ot	her assistance
Activites per Region. (T	he followir	ng Part I, line 3 t	able can be dupl	icated if additional space is	s needed.)		1
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity lis program servic specific t service(s) in	ce, describe ype of	(f) Total expenditures for and investments in the region
Central America and the Caribbean		1	88	Program Services	SEE PART V		2,361,130
Sub-Saharan Africa		0	0	Grantmaking			739,58
East Asia and the Pacific		0	0	Grantmaking			89,98
Russia and the Newly Independent States		0	0	Grantmaking			31,00
South Asia		0	0	Grantmaking			190,365
South America		0	0	Grantmaking			30,066
North America		0	0	Grantmaking			3,00
 Sub-total . Total from continuation s Part I . 	heets to	1	88				3,445,146
c Totals (add lines 3a and	3h)	1	88				3.445.146

— Page 2 —

iched Part		and Other A		nizations or Entitie					Page 2 on Form 990,
	Part IV, a) Name of organization	(b) IRS code section and EIN (if applicable)	, ,	eived more than \$5, (d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	a. (h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Sub-Saharan Africa	SEE PART V	376,356	WIRE			
			Sub-Saharan Africa	SEE PART V	148,984	WIRE			
			Sub-Saharan Africa	SEE PART V	132,470	WIRE			
			South Asia	SEE PART V	129,230	WIRE			
			Central America and the Caribbean	SEE PART V	119,389	WIRE			
			South Asia	SEE PART V	50,000	WIRE			
			East Asia and the Pacific	SEE PART V	46,230	WIRE			
			East Asia and the Pacific	SEE PART V	41,340	WIRE			
			South America	SEE PART V	26,330	WIRE			
			Sub-Saharan Africa	SEE PART V	25,040	WIRE			
			Russia and the Newly Independent States	SEE PART V	22,045	WIRE			
			Central America and the Caribbean	SEE PART V	12,545	WIRE			
				1					

			nized as charities by t ection 501(c)(3) equi			12
3 Enter total numb	er of other org	anizations or entities	 	 🕨		
					Schedule	F (Form 990) 2022

— Page 3 —

Schedule F (Form 990) 2022							Page 3
Part III Grants and C Part III can be	Other Assistance t e duplicated if addit			ed States. Complete i	f the organization a	nswered "Yes" on Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
						Sche	dule F (Form 990) 2022

—— Page 4 —

hedule F (Form 990) 2022		Page 4
art IV Foreign Forms		
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}	<mark>√</mark> 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	🗹 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	🗹 No
4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	□ Yes	🗹 No
5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	□ Yes	🗹 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	🗹 No

— Page 5 —

Page **5**

Schedule F (Form 990) 2022

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.

ReturnReference	Explanation
DRM 990, SCHEDULE F, PART I, LINE 2:	PRIOR TO PROVIDING A GRANT, DUE DILIGENCE IS PERFORMED TO ENSURE THAT THE GRANTEE HAS POLICIES AND PROCEDURES IN PLACE TO ADMINISTER THE GRANT. IN ADDITION TO MAINTAINING REGULAR COMMUNICATION WITH THE GRANTEE, STATUS REPORTS ARE RECEIVED ON A PERIODIC BASIS FOR LONGER-TERM ONGOING PROJECTS. UPON PROJECT COMPLETION, AN INTERNAL REVIEW IS CONDUCTED TO ENSURE THAT THE FUNDS HAVE BEEN USED FOR THE DESIGNATED PURPOSES.
DRM 990, SCHEDULE F, PARTS I & II:	THE METHOD OF ACCOUNTING USED FOR EXPENDITURES AND GRANTS IS THE ACCRUAL BASIS.
DRM 990, SCHEDULE F, PART I, LINE 3, DLUMN (E):	1. HUMAN DEVELOPMENT - PRIMARY SCHOOL, MEDICAL MISSIONS, AND HOSPITAL
)RM 990, SCHEDULE F, PART II, LINE I, JLUMN (D):	1. HUMAN DEVELOPMENT - FEED THE HUNGRY, WATER FOR LIFE, GIFT OF SIGHT 2. HUMAN DEVELOPMENT - FEED THE HUNGRY, WATER FOR LIFE, GIFT OF SIGHT 3. HUMAN DEVELOPMENT - FEED THE HUNGRY, WATER FOR LIFE 4. DISASTER RELIEF 5. HUMAN DEVELOPMENT 6. DISASTER RELIEF 7. HUMAN DEVELOPMENT - FEED THE HUNGRY, DISASTER RELIEF 8. HUMAN DEVELOPMENT - FEED THE HUNGRY 9. HUMAN DEVELOPMENT - FEED THE HUNGRY 10. FEED THE HUNGRY 11. DISASTER RELIEF 12. HUMAN DEVELOPMENT

Additional Data

Software ID: Software Version:

efile Public Visual Ren	nder ObjectId: 20	231319934931	.4756 - Submission:	2023-11-15	TIN: 20-0464012				
SCHEDULE G	Supple	Supplemental Information Regarding							
(Form 990)	Func	Fundraising or Gaming Activities 2022 mplete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the 2022							
	Complete if the organiza	ation answered "Yes"	on Form 990, Part IV, lines 1 n \$15,000 on Form 990-EZ, li	.7, 18, or 19, or if the					
Department of the Treasury Internal Revenue Service		Attach to Form	990 or Form 990-EZ. instructions and the latest in		Open to Public Inspection				
Name of the organization HUMANITY FIRST USA				Emplo	over identification number				
				20-046					
-	Activities. Complete if	5		orm 990, Part IV	/, line 17.				
	filers are not required to required to required to reason the second state of the seco	•	•	all that apply					
a V Mail solicitations			 Solicitation of non 		its				
b v Internet and email	solicitations								
c Phone solicitations	Soncications			2					
d V In-person solicitations	one	2		gevents					
	ave a written or oral agree d in Form 990, Part VII) o				s 🗸 Yes 🗌 No				
b If "Yes," list the 10 hig	hest paid individuals or en	tities (fundraisers)	pursuant to agreements	under which the fu					
to be compensated at	least \$5,000 by the organi	zation.							
(i) Name and address of ind or entity (fundraiser)	ividual (ii) Activity	(iii) Did fundraiser have	(iv) Gross receipts from activity	(v) Amount pa (or retained b	x 7				
, , , ,		custody or control of	,	fundraiser liste col. (i)					
		contributions?							
Qasim Rashid	Influencer								
8S470 Oxford Lane	Campaign	No	304,170		45,655 258,51				
Naperville, IL 60565									
Total			304,170		45,655 258,51				
3 List all states in which th licensing.	e organization is registere	d or licensed to sol	icit contributions or has b	een notified it is e	exempt from registration or				
For Paperwork Reduction Act	Notice, see the Instructions	for Form 990 or 99	O-EZ. Cat. No.	50083H	Schedule G (Form 990) 202				
		D							
		Pa	age 2						
Schedule G (Form 990) 2022		o organization -	neward "Vac" on Fam		Page line 18, or reported more				
Part II Fundraising	LVEILS. COMPLETE	ie urganization a	answered tes on FOL	11 990, Part IV, I	THE TO, OF TEDOLFED HIDLE				

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

Revenue	gross receipts greater than \$3	(a)Event #1 <u>SOCIAL MEDIA</u> (event type)	(b) Event #2 MAILINGS (event type)	(c)Other events 0 (total number)	(d) Total events (add col. (a) through col. (c))
	 Gross receipts	304,170 304,170	18,015		322,185 322,185
Direct Expenses	 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 ti 11 Net income summary. Subtract line 10 	from line 3, column (d)	9,592	· · · · · •	9,592 9,592 -9,592
Revenue	t III Gaming. Complete if the orga on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo	V, line 19, or reported (c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
Direct Expenses	1 Gross revenue . . . 2 Cash prizes . . . 3 Noncash prizes . . . 4 Rent/facility costs . . . 5 Other direct expenses . . . 6 Volunteer labor . . .	 Yes%_ No 	 Yes%_ No 	□ Yes%_ □ No	
9 a b 10a b	Were any of the organization's gaming lic	: line 7 from line 1, column on conducts gaming activi aming activities in each of	ties:	• • • • • • • • • • • • • • • • • • •	Yes No

	Page 3	
Sche	chedule G (Form 990) 2022	Page 3
11	L Does the organization conduct gaming activities with nonmembers?	
12		
13		
а	a The organization's facility	%
b	b An outside facility	%
14	4 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name 🕨	
15a b	revenue?	
с		
	Name 🕨	
	Address 🕨	
16	6 Gaming manager information: Name ►	
	Gaming manager compensation 🕨 \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	7 Mandatory distributions:	
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
b		└─ No
	in the organization's own exempt activities during the tax year 🕨 \$	
Pa	Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instances of the second s	
	Return Reference Explanation	
	Schedule G (Form 990)	2022
Ac	Additional Data	to Form

Return to Form

Software ID: Software Version:

efile Public Visual				756 - Submission: 20				TIN: 20-0464012
Note: To capture th Schedule I	e full conten	t of this d	ocument, please s	elect landscape mode	(11" x 8.5") whe	n printing.		OMB No. 1545-0047
(Form 990)			Grants and	Other Assistanc	e to Organiza	ations,		2022
				and Individuals				2022
Department of the Treasury Internal Revenue Service		Co		zation answered "Yes," o Attach to Form <u>ww.irs.gov/Form990</u> for	990.			Open to Public Inspection
Name of the organization HUMANITY FIRST USA								tification number
	Information	on Grante	and Assistance				20-0464012	
1 Does the organiza	tion maintain re	cords to sub	stantiate the amount o	f the grants or assistance, t		for the grants or assistance	e, and	🗸 Yes 🗌 No
2 Describe in Part IV	/ the organizatio	on's procedur	es for monitoring the ι	use of grant funds in the Un	ited States.			
				and Domestic Governme Iditional space is needed.	nts. Complete if the or	ganization answered "Yes"	on Form 990, Part IV,	line 21, for any recipient
(a) Name and addre organization or government	ess of	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description o noncash assistanc	
(1) Soul Winning Missi Association 351 Fox Ridge Lane Moncks Corner, SC 29		2-3045730	501(c)(3	3) 12,500				Support org's mission
		(c)(3) and g	vernment organizatior	is listed in the line 1 table .				1
3 Enter total numbe	r of other organ	izations liste	d in the line 1 table .				. ►	0
For Paperwork Reduction	Act Notice, see t	he Instructio	ns for Form 990.		Cat. No. 50055	P		Schedule I (Form 990) 2022
			Page	e 2				
Schedule I (Form 990) 2								Page 2
	be duplicated if			mplete if the organization a	inswered "Yes" on Form	n 990, Part IV, line 22.		
(a) Type of grant	or assistance							
			(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (FMV, appraisal, other		ion of noncash assistance
(1)								ion of noncash assistance
								ion of noncash assistance
								ion of noncash assistance
(2)								ion of noncash assistance
(2) (3)								ion of noncash assistance
(2) (3) (4)								ion of noncash assistance
(2) (3) (4) (5)								ion of noncash assistance
 (2) (3) (4) (5) (6) (7) 	emental Info	prmation. F	recipients		noncash assistance	FMV, appraisal, other		

Additional Data

Return to Form

Software ID: Software Version:

efil	e Public Visua	al Render	ObjectId: 2	02313199349314756 -	Submission: 2023-1	1-15	TIN: 20-	0464	012
1	EDULE M			Jonosch Contril	hutiona		OMB No. 1	545-0	047
(For	m 990)		ſ	Noncash Contri	DULIONS			00	
		► Complete i	if the organizat	ions answered "Yes" on F	orm 990, Part IV, lines	29 or 30.	20	22	
		► Attach to F	Form 990.						
	ment of the Treasury I Revenue Service	► Go to <u>www</u>	<u>v.irs.gov/Form</u>	<u>990</u> for the latest informa	tion.		Open to Inspe		
	e of the organizat	ion				Employer iden	tification n	umber	
HUMA	NITY FIRST USA					20-0464012			
Pa	rt I Types	of Property				20 0404012			
Fa	It Iypes	or Froperty	(-)	(h)	(-)		(4)		
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash c	(d) d of determin ontribution a		S
1	Art-Works of art	t			5				
2	Art—Historical tr	easures .							
3	Art—Fractional in	nterests .							
4	Books and public								
5	Clothing and hou								
6	goods Cars and other v	ehicles	·						
7	Boats and planes								
8	Intellectual prop								
9	Securities-Publi								
10	Securities—Close	ely held stock							
11	Securities—Partr								
12	or trust interest								
12 13	Securities—Misco Qualified conserv								
15	contribution—Hi structures	istoric							
14	Qualified conserv								
15	contribution—O Real estate—Res								
16	Real estate—Cor								
17	Real estate—Oth								
18	Collectibles .								
19	Food inventory		Х	90	266,40	9 EST. SELLING I	PRICE		
20	Drugs and medic	cal supplies .	Х	1	3,48	9 EST. SELLING I	PRICE		
21	Taxidermy .								
22	Historical artifact								
23	Scientific specim								
24	Archeological art		·						
25	Other ► (Other ► (
26 27	Other ► (
	Other ► (-							
			d by the organiz:	ation during the tax year for	contributions				
25				3, Part IV, Donee Acknowledg		29			0
						<u>I I</u>		Yes	No
30a	hold for at least	three years fro	om the date of th	y contribution any property r ne initial contribution, and wh	nich isn't required to be us	ed for exempt	: must		
							30a	[No
b	If "Yes," describ	e the arrangen	nent in Part II.						
31	Does the organi	zation have a g	gift acceptance p	olicy that requires the review	v of any nonstandard contr	ibutions?	31	[No
32a				or related organizations to so	olicit, process, or sell nonc	ash	32a		No
b	If "Yes," describ	e in Part II.						T	
33	If the organizati describe in Part	•	rt an amount in o	column (c) for a type of prope	erty for which column (a) i	s checked,			

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

Cat. No. 51227J

Schedule M (Form 990) (2022)

------ Page 2 ------

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

	<i>f</i> daalona mornalom
Return Reference	Explanation
Schedule M Supplemental Info	PART I, COLUMN (B): REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

Schedule M (Form 990) (2022)

Additional Data

Return to Form

Software ID: Software Version:

efile Public	Visual	Render	ObjectId:	2023131	9934931	4756 - 9	Submissi	on: 2023-	11-15	TI	N: 20-0464012
SCHEDUL (Form 990) Department of the Tree	asury	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.								MB No. 1545-0047 2021 Open to Public	
Internal Revenue Serv Name of the org		► Go to <u>www.irs.gov/Form990</u> for the latest information.							lontifica	Inspection tion number	
HUMANITY FIRST L									20-0464012	lentinca	
Return Reference						Explar	ation				
FORM 990, PART I, LINE 1:	PROM FIRST	IOTE PEACE	AND UNDER MANAGING N	STANDING	, AND STR)F AN ENTI	ENGTHE	N PEOPLE	S CAPACIT		HEMSEL	CONFLICT, VES. HUMANITY ARE SERVICES
FORM 990, PART VI, SECTION A, LINE 2:	NUDR	AT SALIK ANI) SAHIBZAD	A WALEED	AHMAD H	AVE A FAN	/IILIAL REL	ATIONSHIF	2		
FORM 990, PART VI, SECTION A, LINE 6:		HAIR OF THE ORATION.	BOARD OF	DIRECTOF	rs of hum	/ANITY FI	RST INTEF	RNATIONAL	IS THE SOLE	MEMBE	R OF THE
FORM 990, PART VI, SECTION B, LINE 8B:	NO SL	JCH COMMIT	TEE.								
FORM 990, PART VI, SECTION B, LINE 11B:		IDED A COPY RMED THAT A					APPROVAL	THE RES	T OF THE GOV	/ERNED	BODY IS
FORM 990, PART VI, SECTION B, LINE 12C:	A QUA	RTERLY INTE	ERNAL REVIE	EW IS PER	Formed.						
FORM 990, PART VI, SECTION B, LINE 15:	REVIE	W of Nonpf	ROFIT SALAF	RY SURVE	YS.						
FROM 990, PART VI, SECTION C, LINE 19:		ORGANIZATIO EMENTS AVAII					CONFLICT	OF INTERE	EST POLICY, A	ND FINA	NCIAL
FORM 990, PART IX, LINE 7:		R SALARY AN IPLOYEES.	ID WAGES IN	NCLUDES U	JS AND GU	JATEMALA	EMPLOY	EES. FORM	1 990, PART V,	LINE 2A	ONLY INCLUDES
FORM 990, PART XI, LINE 9:	FOREI	IGN CURREN	CY ADJUSTN	MENTS (\$3	8,422) MIS(C COGS (\$151)	TOTAL	(\$38,573)		
For Paperwork Reduc	ction Act N	lotice, see the Inst	ructions for Form	n 990 or 990-EZ		Cat	. No. 51056	БК		Sc	hedule O (Form 990) 202

Additional Data

Software ID: Software Version: **Return to Form**

efile Public Visual Rende	er ObjectId: 20	2313199	349314	756 - Subi	mission: 20	23-11-15							TIN: 20	0-0464	4012
SCHEDULE R						nd Unrela	tod P:	artnore	hine			1	MB No. 1		
(Form 990)	•			-		' on Form 990, I			-	or 37			20	22	
、	PC			1	Attach to F					, 01 37.			pen to	Publi	c
Department of the Treasury Internal Revenue Service			30 to <u>mm</u>	<u>N.II 3.907/1</u>	0111330	listi actions and	the late	st informa					Inspe		
Name of the organization HUMANITY FIRST USA										Employer id	entificatio	n numbo	er		
Part I Identification	of Disregarded E	ntities. Co	omplete if	the organ	ization answ	ered "Yes" on F	orm 990	, Part IV, I		20-0464012					
	(a) I (if applicable) of disregar				(b) imary activity	(c) Legal domicile	Т	(d) Total incom		(e) d-of-year assets		(f) ontrolling		
	(ii applicable) of disregar	ded endry		ri	iniary activity	or foreign cou		local incom	2 210	1-01-year asset	>		tity		
(1) HF HEALTHCARE SERVICES L3C				SEE P/	ART VII	IL		1,805	,868	2,607,7	66 SEE PAR	T VII			-
13814 TRILLIUM LANE PLAINFIELD, IL 60544 61-1834558															
															-
															_
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									000 P.	1.11/11/202	4	9.1.1.1			
	of Related Tax-Exe opt organizations du						ered "Yes		990, Pa		4 because		one or i		
Name, address, and	(a) d EIN of related organization	on		Prima	(b) ry activity	(c) Legal domicile (sta or foreign country		(d) npt Code sect		(e) blic charity stat section 501(c)(2		(f) irect contr entity	olling		9) 512(b) ntrolled
							,		(- //	,			ity? No
For Paperwork Reduction Act	t Notice, see the Ins	tructions f	or Form 9	90.		Cat. No. 5	50135Y				Sch	edule R	(Form	90) 20	021
			- Page							_					
Schedule R (Form 990) 2021			. ugu											D	. 7
Part III Identification o	of Related Organiz	ations Ta	xable as	a Partne	rship. Comp	lete if the orga	nization	answered	"Yes" or	n Form 990,	, Part IV, li	ine 34,	because	5	e 2
	ted organizations tr (a)	reated as a	partners	hip during	the tax year	(e)	(f)	(g)		(h)	(i)		(j)		k)
Name, addre	ess, and EIN of organization		Primary activity	Legal domicile	Direct controlling	Predominant income(related,	Share of total	Share of end-of-	Dispro	oprtionate cations?	(i) Code V-UBI amount in	Gene man	eral or aging	Perce	entage ership
				(state or foreign country)		unrelated, excluded from tax under sections	income	year assets			box 20 of Schedule K-1 (Form 1065)	par	tner?		
						512-514)			Yes	No	(,	Yes	No	-	
													1		
	of Related Organiz								answere	d "Yes" on I	Form 990,	Part IV	, line 34		
(a)	ne or more related o	(b)		(c)	(d)	. (e	e)	(f)	(g)	(h	1)		(i)	
Name, address, and EIN related organization	N of	Primary	activity	l do	Legal omicile	Direct controllin entity	g Type of (C co	entity Sha rp, S i	re of total ncome	Share of end of-year assets	- Percer owne	ntage	Sectio contr	n 512(b) olled ent	(13) ity?
					or foreign ountry)		cor or tr			assets			Yes		No
		ļ				ļ		l		I	I				

				Schedule R	(Form 990) 2021
 Pag	e 3 ———	 				
i ag						

Schedule R (Form 990) 2021 Page 3 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Yes No 1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 1a 1b c Gift, grant, or capital contribution from related organization(s) 1c . . Loans or loan guarantees to or for related organization(s) \ldots 1d d 1e 1f 1a g Sale of assets to related organization(s) . Purchase of assets from related organization(s) . . . 1h h 1i i Exchange of assets with related organization(s) 1j j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) 1k 11 Performance of services or membership or fundraising solicitations for related organization(s) 1m **m** Performance of services or membership or fundraising solicitations by related organization(s) 1n n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . 10 o 1p Reimbursement paid by related organization(s) for expenses . . 1a q 1r s Other transfer of cash or property from related organization(s) 1s If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 2 (a) Name of related organization (d) Method of determining amount involved (b) Transaction (c) Amount involved type (a-s)

Schedule R (Form 990) 2021

Page 4 -

Schedule R (Form 990) 2021

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	Are all se 501	(e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	(h Dispropr allocat	tionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana parti	ral or aging	(k) Percentage ownership
			514)	Yes	No	T		Yes	No		Yes	No	

Page 4

	1	l	1	1	1	Ì	1	I	Ì	1	I	Ì
		1	1		1	I	1	1	Sch	edule R (Form 9	90) 2021

Part VII Supplemental Infe	rmation
Provide additional info	mation for responses to questions on Schedule R. See instructions.
Return Reference	Explanation
CHEDULE R, PART I, LINE 1, COLUMN b):	TO CONDUCT CHARITABLE ACTIVITIES INCLUDING BUILDING AND MANAGING A HOSPITAL IN GUATEMALA AND OTHER POSSIBLE LOCATIONS.
CHEDULE R, PART I, line i, COLUMN f):	HUMANITY FIRST USA

Additional Data

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_____ Page 5 ____