

**FOR TAX YEAR 2023**

HUMAN NECESSITY FOUNDATION WORLDWID

Dynamic Tax Accounting Services

2044 McGraw Avenue

Bronx, NY 10462

(646)295-3811

# Dynamic Tax Accounting Services

2044 McGraw Avenue  
Bronx, NY 10462  
ADMIN@DYNAMICSRV.COM  
Phone: (646)295-3811 | Fax: (917)536-9770

December 19, 2024

HUMAN NECESSITY FOUNDATION WORLDWID  
50-14 102 STREET, STE 2  
CORONA, NY 11368

Subject: Preparation of 2023 Tax Returns

HUMAN NECESSITY FOUNDATION WORLDWID:

Thank you for choosing Dynamic Tax Accounting Services to assist with the 2023 taxes for HUMAN NECESSITY FOUNDATION WORLDWID. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2023 federal and state income tax returns for HUMAN NECESSITY FOUNDATION WORLDWID. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of HUMAN NECESSITY FOUNDATION WORLDWID, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2023 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (646)295-3811.

Sincerely,

WAHAB CHOWDHURY  
Dynamic Tax Accounting Services

Accepted By:

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Officer

---

Date

# Dynamic Tax Accounting Services

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Bronx, NY 10462  
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December 19, 2024

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50-14 102 STREET, STE 2  
CORONA, NY 11368

HUMAN NECESSITY FOUNDATION WORLDWID:

Enclosed is the 2023 federal return for a tax-exempt organization, prepared for HUMAN NECESSITY FOUNDATION WORLDWID from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (646)295-3811.

Sincerely,

WAHAB CHOWDHURY  
Dynamic Tax Accounting Services

**Acknowledgement and General Information for  
Entities That File Returns Electronically**

**2023**

Name(s) as shown on return

**HUMAN NECESSITY FOUNDATION WORLDWID**

Tax ID Number

**\*\* - \*\*\*1690**

Entity address

**50-14 102 STREET**

**CORONA, NY 11368**

**Thank you for participating in IRS e-file.**

1. ☒ 2023 **8868-01** income tax return for **Federal** was filed electronically.  
The electronic filing services were provided by **Dynamic Tax Accounting Services**.
2. ☒ **8868-01** income tax return was accepted on **05-15-2024** using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.  
The submission ID assigned to this return is **1333202024136hifkq1u**.

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE  
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

# Dynamic Tax Accounting Services

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December 19, 2024

HUMAN NECESSITY FOUNDATION WORLDWID  
50-14 102 STREET, STE 2  
CORONA, NY 11368

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (646)295-3811.

Sincerely,

WAHAB CHOWDHURY  
Dynamic Tax Accounting Services

**2023 Filing Instructions  
HUMAN NECESSITY FOUNDATION WORLDWID  
Tax year ending 12-31-2023**

**Form filed:**

Form 990 and supplemental forms and schedules

**Filing method:**

The return will be e-filed once the signed and dated Form 8879-TE has been received by this office. Do not mail the return to the IRS.

**Due date:**

05-15-2024

**The return reflects neither a refund nor a balance due.**

**Please note:**

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

Form **8879-TE****IRS E-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2023, or fiscal year beginning , 2023, and ending , 20

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.****2023**

Name of filer

EIN or SSN

**HUMAN NECESSITY FOUNDATION WORLDWID****47-4641690**

Name and title of officer or person subject to tax

**SHEIKH JAVED, DIRECTOR****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

|                                                                             |                                                                                                    |                |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------|
| <b>1a</b> Form 990 check here . . . . . <input checked="" type="checkbox"/> | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . . <b>1b</b>      | <b>829,598</b> |
| <b>2a</b> Form 990-EZ check here . . . . . <input type="checkbox"/>         | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . . . . <b>2b</b>                           |                |
| <b>3a</b> Form 1120-POL check here . . . . . <input type="checkbox"/>       | <b>b</b> Total tax (Form 1120-POL, line 22) . . . . . <b>3b</b>                                    |                |
| <b>4a</b> Form 990-PF check here . . . . . <input type="checkbox"/>         | <b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5). . . . . <b>4b</b>           |                |
| <b>5a</b> Form 8868 check here . . . . . <input type="checkbox"/>           | <b>b</b> Balance due (Form 8868, line 3c) . . . . . <b>5b</b>                                      |                |
| <b>6a</b> Form 990-T check here . . . . . <input type="checkbox"/>          | <b>b</b> Total tax (Form 990-T, Part III, line 4) . . . . . <b>6b</b>                              |                |
| <b>7a</b> Form 4720 check here . . . . . <input type="checkbox"/>           | <b>b</b> Total tax (Form 4720, Part III, line 1) . . . . . <b>7b</b>                               |                |
| <b>8a</b> Form 5227 check here . . . . . <input type="checkbox"/>           | <b>b</b> FMV of assets at end of tax year (Form 5227, Item D) . . . . . <b>8b</b>                  |                |
| <b>9a</b> Form 5330 check here . . . . . <input type="checkbox"/>           | <b>b</b> Tax due (Form 5330, Part II, line 19) . . . . . <b>9b</b>                                 |                |
| <b>10a</b> Form 8038-CP check here . . . . . <input type="checkbox"/>       | <b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . . <b>10b</b> |                |

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☐ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize **Dynamic Tax Accounting Serv** to enter my PIN **43466** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date **12-19-2024****Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**133320 07586****Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date **12-19-2024****ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So****For Privacy Act and Paperwork Reduction Act Notice, see the instructions.**Form **8879-TE** (2023)



Form

990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning, 2023, and ending, 20

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization HUMAN NECESSITY FOUNDATION WORLDWID

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
50-14 102 STREET 2

City or town, state or province, country, and ZIP or foreign postal code  
CORONA, NY 11368

F Name and address of principal officer:

D Employer identification number  
47-4641690

E Telephone number  
(718) 606-2763

G Gross receipts  
\$ 829,598

H(a) Is this a group return for subordinates? ☐ Yes ☒ No  
H(b) Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list. See instructions  
H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: <https://humanecessityfoundation.com/>

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other L Year of formation: 2000 M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDES CLEAN WATER THROUGH SOLAR PLANTS, EMERGENCY RELIEF, SHELTER AND DEVELOPMENTAL ASSISTANCE TO THOSE WHO ARE DISABLED, AND SUFFERING POVERTY IN THE UNITED STATES AND ABROAD.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 3

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 3

5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 0

6 Total number of volunteers (estimate if necessary) 6 15

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 962,982 829,598

9 Program service revenue (Part VIII, line 2g) 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 962,982 829,598

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 657,525 311,551

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 285,456 155,522

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

16b Total fundraising expenses (Part IX, column (D), line 25) 0

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 82,313 353,712

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,025,294 820,785

19 Revenue less expenses. Subtract line 18 from line 12 (62,312) 8,813

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 85,969 94,782

21 Total liabilities (Part X, line 26) 0

22 Net assets or fund balances. Subtract line 21 from line 20 85,969 94,782

Part II Signature Block

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

Sign Here

SHEIKH JAVED

Signature of officer

SHEIKH JAVED, DIRECTOR

Type or print name and title

Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN  
WAHAB CHOWDHURY WAHAB CHOWDHURY 12-19-2024 P01433949

Firm's name Firm's EIN  
Dynamic Tax Accounting Services

Firm's address Phone no.  
2044 McGraw Avenue 646-295-3811  
Bronx NY 10462

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2023)

EEA

Part III

Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission:  
**THE ORGANIZATION PROVIDES CLEAN WATER THROUGH SOLAR PLANTS, EMERGENCY RELIEF, SHELTER AND DEVELOPMENTAL ASSISTANCE TO THOSE WHO ARE DISABLED, AND SUFFERING POVERTY IN THE UNITED STATES AND ABROAD.**
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **763,827** including grants of \$ ) (Revenue \$ **829,598** )  
**THE ORGANIZATION PROVIDED CLEAN WATER THROUGH SOLAR PANEL TO MULTIPLE VILLAGES THAT IS SUFFERING THROUGH POVERTY AND LACK OF WATER SUPPLY. THE ORGANIZATION ALSO PROVIDED FOOD, CLEAN WATER AND MEDICAL AID TO THOSE WHO ARE SUFFERING FROM POVERTY, AND NATURAL DISASTERS. THE ORGANIZATION ALSO HELPED RAISE FUNDS FOR MOSQUES LOCATED IN THE UNITED STATES. THE ORGANIZATION PROVIDED LOCAL AND GLOBAL COMMUNITY SERVICEAND, AND PROVDDED EDUCATION GRANTS TO THOSE THAT ARE BELOW POVERTY LEVEL.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **763,827**

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                              | Yes          | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .                                                                                                                                                                         | <b>1</b> X   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .                                                                                                                                                                                                           | <b>2</b>     | X  |
| <b>3</b> 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 . . . . .                                                                                                                      | <b>3</b>     | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .                                                                                                       | <b>4</b>     | X  |
| <b>5</b> 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 . . . . .                                                                                      | <b>5</b>     | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .                                                    | <b>6</b>     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .                                                                                            | <b>7</b>     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .                                                                                                                                                         | <b>8</b>     | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .            | <b>9</b>     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .                                                                                                                               | <b>10</b>    | X  |
| <b>11</b> 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.                                                                                                                                                                   |              |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .                                                                                                                                                                       | <b>11a</b>   | X  |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .                                                                                                  | <b>11b</b>   | X  |
| <b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .                                                                                                  | <b>11c</b>   | X  |
| <b>d</b> 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 . . . . .                                                                                                                     | <b>11d</b>   | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .                                                                                                                                                                                     | <b>11e</b>   | X  |
| <b>f</b> 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 . . . . .                                                            | <b>11f</b>   | X  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .                                                                                                                                                        | <b>12a</b>   | X  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .                                                                           | <b>12b</b>   | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                                                                                                                                                                        | <b>13</b>    | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                             | <b>14a</b> X |    |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . | <b>14b</b> X |    |
| <b>15</b> 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 . . . . .                                                                                                           | <b>15</b>    | X  |
| <b>16</b> 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 . . . . .                                                                                                     | <b>16</b> X  |    |
| <b>17</b> 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 . . . . .                                                                                             | <b>17</b>    | X  |
| <b>18</b> 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 . . . . .                                                                                                                           | <b>18</b>    | X  |
| <b>19</b> 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 . . . . .                                                                                                                                                     | <b>19</b>    | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .                                                                                                                                                                                                             | <b>20a</b>   | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .                                                                                                                                                                                              | <b>20b</b>   |    |
| <b>21</b> 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 . . . . .                                                                                            | <b>21</b>    | X  |

**Part IV** Checklist of Required Schedules (continued)

|                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i>                                                                                                                                                                                        |     | X  |
| <b>23</b> 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>                                                                                                                            |     | X  |
| <b>24a</b> 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 "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>                                                                                                  |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                                                                                                                         |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?                                                                                                                                                                                                                                                |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                                                                                                                                   |     |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>                                                                                                                                                               |     | X  |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I.</i>                                                                                                               |     | X  |
| <b>26</b> 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>                                                       |     | X  |
| <b>27</b> 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, Part III.</i> |     | X  |
| <b>28</b> 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).                                                                                                                                                                                       |     |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>                                                                                                                                                                                                                              |     | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>                                                                                                                                                                                                                                                                                   |     | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>                                                                                                                                                                                                                                      |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>                                                                                                                                                                                                                                                                          |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>                                                                                                                                                                                                         |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>                                                                                                                                                                                                                                                               |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>                                                                                                                                                                                                                                             |     | X  |
| <b>33</b> 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>                                                                                                                                                                                             |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>                                                                                                                                                                                                                                         |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                 |     | X  |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>                                                                                                                                                                 |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>                                                                                                                                                                                                  |     | X  |
| <b>37</b> 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>                                                                                                                                                    |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.                                                                                                                                                                                                     | X   |    |

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

|                                                                                                                                                                   | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.                                                                           | 9   |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                         | 0   |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X   |    |

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) |                                                                                                                                                                                                                                                          | Yes | No |  |   |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--|---|
| 2a                                                                           | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .                                                                  | 2a  | 0  |  |   |
| b                                                                            | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .                                                                                                                                 | 2b  |    |  |   |
| 3a                                                                           | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                  | 3a  |    |  | X |
| b                                                                            | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .                                                                                                                                    | 3b  |    |  |   |
| 4a                                                                           | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .     | 4a  |    |  | X |
| b                                                                            | If "Yes," enter the name of the foreign country _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                             |     |    |  |   |
| 5a                                                                           | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .                                                                                                                                          | 5a  |    |  | X |
| b                                                                            | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .                                                                                                                               | 5b  |    |  | X |
| c                                                                            | 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  |    |  | X |
| b                                                                            | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                                  | 6b  |    |  |   |
| 7                                                                            | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                     |     |    |  |   |
| a                                                                            | 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  |    |  |   |
| b                                                                            | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                                | 7b  |    |  |   |
| c                                                                            | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                           | 7c  |    |  |   |
| 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  |    |  |   |
| f                                                                            | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .                                                                                                                                   | 7f  |    |  |   |
| 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                                                                            | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .                                                 | 8   |    |  |   |
| 9                                                                            | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                         |     |    |  |   |
| a                                                                            | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .                                                                                                                                                             | 9a  |    |  | X |
| b                                                                            | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .                                                                                                                                              | 9b  |    |  | X |
| 10                                                                           | <b>Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                           |     |    |  |   |
| a                                                                            | 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                                                                           | <b>Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                          |     |    |  |   |
| a                                                                            | Gross income from members or shareholders . . . . .                                                                                                                                                                                                      | 11a |    |  |   |
| b                                                                            | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .                                                                                                                  | 11b |    |  |   |
| 12a                                                                          | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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                                                                           | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                  |     |    |  |   |
| a                                                                            | Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                                               | 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 . . . . .                                                                                      | 13b |    |  |   |
| c                                                                            | Enter the amount of reserves on hand . . . . .                                                                                                                                                                                                           | 13c |    |  |   |
| 14a                                                                          | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .                                                                                                                                                     | 14a |    |  | X |
| b                                                                            | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .                                                                                                                                      | 14b |    |  |   |
| 15                                                                           | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .<br>If "Yes," see the instructions and file Form 4720, Schedule N.                   | 15  |    |  | X |
| 16                                                                           | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .<br>If "Yes," complete Form 4720, Schedule O.                                                                                   | 16  |    |  | X |
| 17                                                                           | <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . .<br>If "Yes," complete Form 6069. | 17  |    |  |   |

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

### Section A. Governing Body and Management

|                                                                                                                                                                                                                                                                                                                              | 1a        | 3        | Yes       | No       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------|----------|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |           |          |           |          |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .                                                                                                                                                                                                                        | <b>1b</b> | <b>3</b> |           |          |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .                                                                                                                                     |           |          | <b>2</b>  | <b>X</b> |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .                                                                                         |           |          | <b>3</b>  | <b>X</b> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                                                                                                          |           |          | <b>4</b>  | <b>X</b> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                                                                                                                |           |          | <b>5</b>  | <b>X</b> |
| <b>6</b> Did the organization have members or stockholders? . . . . .                                                                                                                                                                                                                                                        |           |          | <b>6</b>  | <b>X</b> |
| <b>7a</b> 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? . . . . .                                                                                                                                                       |           |          | <b>7a</b> | <b>X</b> |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                                                                                                                 |           |          | <b>7b</b> | <b>X</b> |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                                   |           |          |           |          |
| <b>a</b> The governing body? . . . . .                                                                                                                                                                                                                                                                                       |           |          | <b>8a</b> | <b>X</b> |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                                                                                                                     |           |          | <b>8b</b> | <b>X</b> |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .                                                                                              |           |          | <b>9</b>  | <b>X</b> |

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                                                                                                                                                                                                                                                 | Yes        | No       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                         | <b>10a</b> | <b>X</b> |
| <b>b</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? . . . . .                                                                   | <b>10b</b> |          |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . .                                                                                                                                                                    | <b>11a</b> | <b>X</b> |
| <b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                          |            |          |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13. . . . .                                                                                                                                                                                                     | <b>12a</b> | <b>X</b> |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . .                                                                                                                                                                | <b>12b</b> | <b>X</b> |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .                                                                                                                                           | <b>12c</b> | <b>X</b> |
| <b>13</b> Did the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                   | <b>13</b>  | <b>X</b> |
| <b>14</b> Did the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                              | <b>14</b>  | <b>X</b> |
| <b>15</b> 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?                                                                                  |            |          |
| <b>a</b> The organization's CEO, Executive Director, or top management official . . . . .                                                                                                                                                                                                                       | <b>15a</b> | <b>X</b> |
| <b>b</b> Other officers or key employees of the organization . . . . .                                                                                                                                                                                                                                          | <b>15b</b> | <b>X</b> |
| If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                                                                                                                                                                                              |            |          |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                      | <b>16a</b> | <b>X</b> |
| <b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | <b>16b</b> | <b>X</b> |

### Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **New York**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)
- 19** Describe on 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.

**SHEIKH JAVED (718)606-2763, 50-14 102 STREET, Corona, NY 11368**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See 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)<br>Name and title            | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|--------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                  |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |        |                                                                                 |                                                                                      |                                                                                               |
| (1)SHEIKH JAVED<br>BOARD MEMBER  | 30.00                                                                                      | X                                                                                                            |                       |         |              |                              |        | 26,654 | 0                                                                               | 0                                                                                    |                                                                                               |
| (2)NAVEEDA JAVED<br>BOARD MEMBER | 20.00                                                                                      | X                                                                                                            |                       |         |              |                              |        | 18,000 | 0                                                                               | 0                                                                                    |                                                                                               |
| (3)YAHYA LATIF<br>BOARD MEMBER   |                                                                                            | X                                                                                                            |                       |         |              |                              |        | 0      | 0                                                                               | 0                                                                                    |                                                                                               |
| (4)                              |                                                                                            |                                                                                                              |                       |         |              |                              |        |        |                                                                                 |                                                                                      |                                                                                               |
| (5)                              |                                                                                            |                                                                                                              |                       |         |              |                              |        |        |                                                                                 |                                                                                      |                                                                                               |
| (6)                              |                                                                                            |                                                                                                              |                       |         |              |                              |        |        |                                                                                 |                                                                                      |                                                                                               |
| (7)                              |                                                                                            |                                                                                                              |                       |         |              |                              |        |        |                                                                                 |                                                                                      |                                                                                               |
| (8)                              |                                                                                            |                                                                                                              |                       |         |              |                              |        |        |                                                                                 |                                                                                      |                                                                                               |
| (9)                              |                                                                                            |                                                                                                              |                       |         |              |                              |        |        |                                                                                 |                                                                                      |                                                                                               |
| (10)                             |                                                                                            |                                                                                                              |                       |         |              |                              |        |        |                                                                                 |                                                                                      |                                                                                               |
| (11)                             |                                                                                            |                                                                                                              |                       |         |              |                              |        |        |                                                                                 |                                                                                      |                                                                                               |
| (12)                             |                                                                                            |                                                                                                              |                       |         |              |                              |        |        |                                                                                 |                                                                                      |                                                                                               |
| (13)                             |                                                                                            |                                                                                                              |                       |         |              |                              |        |        |                                                                                 |                                                                                      |                                                                                               |
| (14)                             |                                                                                            |                                                                                                              |                       |         |              |                              |        |        |                                                                                 |                                                                                      |                                                                                               |

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

| (A)<br>Name and title                                             | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        |  | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                   |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |                                                                                 |                                                                                      |                                                                                               |
| (15) -----                                                        | -----                                                                                      |                                                                                                              |                       |         |              |                              |        |  |                                                                                 |                                                                                      |                                                                                               |
| (16) -----                                                        | -----                                                                                      |                                                                                                              |                       |         |              |                              |        |  |                                                                                 |                                                                                      |                                                                                               |
| (17) -----                                                        | -----                                                                                      |                                                                                                              |                       |         |              |                              |        |  |                                                                                 |                                                                                      |                                                                                               |
| (18) -----                                                        | -----                                                                                      |                                                                                                              |                       |         |              |                              |        |  |                                                                                 |                                                                                      |                                                                                               |
| (19) -----                                                        | -----                                                                                      |                                                                                                              |                       |         |              |                              |        |  |                                                                                 |                                                                                      |                                                                                               |
| (20) -----                                                        | -----                                                                                      |                                                                                                              |                       |         |              |                              |        |  |                                                                                 |                                                                                      |                                                                                               |
| (21) -----                                                        | -----                                                                                      |                                                                                                              |                       |         |              |                              |        |  |                                                                                 |                                                                                      |                                                                                               |
| (22) -----                                                        | -----                                                                                      |                                                                                                              |                       |         |              |                              |        |  |                                                                                 |                                                                                      |                                                                                               |
| (23) -----                                                        | -----                                                                                      |                                                                                                              |                       |         |              |                              |        |  |                                                                                 |                                                                                      |                                                                                               |
| (24) -----                                                        | -----                                                                                      |                                                                                                              |                       |         |              |                              |        |  |                                                                                 |                                                                                      |                                                                                               |
| (25) -----                                                        | -----                                                                                      |                                                                                                              |                       |         |              |                              |        |  |                                                                                 |                                                                                      |                                                                                               |
| 1b Subtotal . . . . .                                             |                                                                                            |                                                                                                              |                       |         |              |                              |        |  |                                                                                 |                                                                                      |                                                                                               |
| c Total from continuation sheets to Part VII, Section A . . . . . |                                                                                            |                                                                                                              |                       |         |              |                              |        |  |                                                                                 |                                                                                      |                                                                                               |
| d Total (add lines 1b and 1c) . . . . .                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |  | 44,654                                                                          | 0                                                                                    | 0                                                                                             |

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 0

|                                                                                                                                                                                                                                          | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .                                          | 3   | X  |
| 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? If "Yes," complete Schedule J for such individual . . . . . | 4   | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .                       | 5   | X  |

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)<br>Name and business address | (B)<br>Description of services | (C)<br>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



**Part VIII****Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

|                                                           |                                                                        |                                                                                                                                             |           | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |
|-----------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|----------------------------------------------|--------------------------------------|---------------------------------------------------------------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | <b>1a</b>                                                              | Federated campaigns . . . . .                                                                                                               | <b>1a</b> |                      |                                              |                                      |                                                               |
|                                                           | <b>b</b>                                                               | Membership dues . . . . .                                                                                                                   | <b>1b</b> |                      |                                              |                                      |                                                               |
|                                                           | <b>c</b>                                                               | Fundraising events . . . . .                                                                                                                | <b>1c</b> |                      |                                              |                                      |                                                               |
|                                                           | <b>d</b>                                                               | Related organizations . . . . .                                                                                                             | <b>1d</b> |                      |                                              |                                      |                                                               |
|                                                           | <b>e</b>                                                               | Government grants (contributions) . .                                                                                                       | <b>1e</b> |                      |                                              |                                      |                                                               |
|                                                           | <b>f</b>                                                               | All other contributions, gifts, grants,<br>and similar amounts not included above                                                           | <b>1f</b> | 829,598              |                                              |                                      |                                                               |
|                                                           | <b>g</b>                                                               | Noncash contributions included in<br>lines 1a-1f . . . . .                                                                                  | <b>1g</b> | \$                   |                                              |                                      |                                                               |
|                                                           | <b>h</b>                                                               | <b>Total.</b> Add lines 1a-1f . . . . .                                                                                                     |           |                      | 829,598                                      |                                      |                                                               |
| Program Service<br>Revenue                                |                                                                        |                                                                                                                                             |           | Business Code        |                                              |                                      |                                                               |
|                                                           | <b>2a</b>                                                              |                                                                                                                                             |           |                      |                                              |                                      |                                                               |
|                                                           | <b>b</b>                                                               |                                                                                                                                             |           |                      |                                              |                                      |                                                               |
|                                                           | <b>c</b>                                                               |                                                                                                                                             |           |                      |                                              |                                      |                                                               |
|                                                           | <b>d</b>                                                               |                                                                                                                                             |           |                      |                                              |                                      |                                                               |
|                                                           | <b>e</b>                                                               |                                                                                                                                             |           |                      |                                              |                                      |                                                               |
|                                                           | <b>f</b>                                                               | All other program service revenue . . . . .                                                                                                 |           |                      |                                              |                                      |                                                               |
|                                                           | <b>g</b>                                                               | <b>Total.</b> Add lines 2a-2f . . . . .                                                                                                     |           |                      |                                              |                                      |                                                               |
| Other Revenue                                             | <b>3</b>                                                               | Investment income (including dividends, interest, and<br>other similar amounts) . . . . .                                                   |           |                      |                                              |                                      |                                                               |
|                                                           | <b>4</b>                                                               | Income from investment of tax-exempt bond proceeds . . . . .                                                                                |           |                      |                                              |                                      |                                                               |
|                                                           | <b>5</b>                                                               | Royalties . . . . .                                                                                                                         |           |                      |                                              |                                      |                                                               |
|                                                           | <b>6a</b>                                                              | Gross rents . . . . .                                                                                                                       | <b>6a</b> | (i) Real             | (ii) Personal                                |                                      |                                                               |
|                                                           |                                                                        |                                                                                                                                             |           |                      |                                              |                                      |                                                               |
|                                                           |                                                                        |                                                                                                                                             |           |                      |                                              |                                      |                                                               |
|                                                           |                                                                        |                                                                                                                                             |           |                      |                                              |                                      |                                                               |
|                                                           | <b>b</b>                                                               | Less: rental expenses . .                                                                                                                   | <b>6b</b> |                      |                                              |                                      |                                                               |
|                                                           | <b>c</b>                                                               | Rental income or (loss)                                                                                                                     | <b>6c</b> |                      |                                              |                                      |                                                               |
|                                                           | <b>d</b>                                                               | Net rental income or (loss) . . . . .                                                                                                       |           |                      |                                              |                                      |                                                               |
|                                                           | <b>7a</b>                                                              | Gross amount from<br>sales of assets<br>other than inventory . .                                                                            | <b>7a</b> | (i) Securities       | (ii) Other                                   |                                      |                                                               |
|                                                           |                                                                        |                                                                                                                                             |           |                      |                                              |                                      |                                                               |
|                                                           |                                                                        |                                                                                                                                             |           |                      |                                              |                                      |                                                               |
|                                                           |                                                                        |                                                                                                                                             |           |                      |                                              |                                      |                                                               |
|                                                           | <b>b</b>                                                               | Less: cost or other basis<br>and sales expenses . .                                                                                         | <b>7b</b> |                      |                                              |                                      |                                                               |
|                                                           | <b>c</b>                                                               | Gain or (loss) . . . . .                                                                                                                    | <b>7c</b> |                      |                                              |                                      |                                                               |
|                                                           | <b>d</b>                                                               | Net gain or (loss) . . . . .                                                                                                                |           |                      |                                              |                                      |                                                               |
|                                                           | <b>8a</b>                                                              | Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . | <b>8a</b> |                      |                                              |                                      |                                                               |
|                                                           | <b>b</b>                                                               | Less: direct expenses . . . . .                                                                                                             | <b>8b</b> |                      |                                              |                                      |                                                               |
|                                                           | <b>c</b>                                                               | Net income or (loss) from fundraising events . . . . .                                                                                      |           |                      |                                              |                                      |                                                               |
| <b>9a</b>                                                 | Gross income from gaming<br>activities. See Part IV, line 19 . . . . . | <b>9a</b>                                                                                                                                   |           |                      |                                              |                                      |                                                               |
| <b>b</b>                                                  | Less: direct expenses . . . . .                                        | <b>9b</b>                                                                                                                                   |           |                      |                                              |                                      |                                                               |
| <b>c</b>                                                  | Net income or (loss) from gaming activities . . . . .                  |                                                                                                                                             |           |                      |                                              |                                      |                                                               |
| <b>10a</b>                                                | Gross sales of inventory, less<br>returns and allowances . . . . .     | <b>10a</b>                                                                                                                                  |           |                      |                                              |                                      |                                                               |
| <b>b</b>                                                  | Less: cost of goods sold . . . . .                                     | <b>10b</b>                                                                                                                                  |           |                      |                                              |                                      |                                                               |
| <b>c</b>                                                  | Net income or (loss) from sales of inventory . . . . .                 |                                                                                                                                             |           |                      |                                              |                                      |                                                               |
| Miscellaneous<br>Revenue                                  |                                                                        |                                                                                                                                             |           | Business Code        |                                              |                                      |                                                               |
|                                                           | <b>11a</b>                                                             |                                                                                                                                             |           |                      |                                              |                                      |                                                               |
|                                                           | <b>b</b>                                                               |                                                                                                                                             |           |                      |                                              |                                      |                                                               |
|                                                           | <b>c</b>                                                               |                                                                                                                                             |           |                      |                                              |                                      |                                                               |
|                                                           | <b>d</b>                                                               | All other revenue . . . . .                                                                                                                 |           |                      |                                              |                                      |                                                               |
|                                                           | <b>e</b>                                                               | <b>Total.</b> Add lines 11a-11d . . . . .                                                                                                   |           |                      |                                              |                                      |                                                               |
| <b>12</b>                                                 | <b>Total revenue.</b> See instructions . . . . .                       |                                                                                                                                             |           | 829,598              | 0                                            | 0                                    | 0                                                             |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|                                                                                                                                                                                                                                                            | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------|-------------------------------------------|--------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .                                                                                                                                        |                       |                                    |                                           |                                |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .                                                                                                                                                               |                       |                                    |                                           |                                |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . .                                                                                                          | <b>311,551</b>        | <b>311,551</b>                     |                                           |                                |
| <b>4</b> Benefits paid to or for members . . . . .                                                                                                                                                                                                         |                       |                                    |                                           |                                |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                                | <b>155,522</b>        | <b>128,868</b>                     | <b>26,654</b>                             |                                |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                                            |                       |                                    |                                           |                                |
| <b>7</b> Other salaries and wages . . . . .                                                                                                                                                                                                                |                       |                                    |                                           |                                |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .                                                                                                                                            |                       |                                    |                                           |                                |
| <b>9</b> Other employee benefits . . . . .                                                                                                                                                                                                                 |                       |                                    |                                           |                                |
| <b>10</b> Payroll taxes . . . . .                                                                                                                                                                                                                          |                       |                                    |                                           |                                |
| <b>11</b> Fees for services (nonemployees):                                                                                                                                                                                                                |                       |                                    |                                           |                                |
| <b>a</b> Management . . . . .                                                                                                                                                                                                                              |                       |                                    |                                           |                                |
| <b>b</b> Legal . . . . .                                                                                                                                                                                                                                   |                       |                                    |                                           |                                |
| <b>c</b> Accounting . . . . .                                                                                                                                                                                                                              | <b>4,000</b>          | <b>4,000</b>                       |                                           |                                |
| <b>d</b> Lobbying . . . . .                                                                                                                                                                                                                                |                       |                                    |                                           |                                |
| <b>e</b> Professional fundraising services. See Part IV, line 17. .                                                                                                                                                                                        |                       |                                    |                                           |                                |
| <b>f</b> Investment management fees . . . . .                                                                                                                                                                                                              |                       |                                    |                                           |                                |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . .                                                                                                                                 |                       |                                    |                                           |                                |
| <b>12</b> Advertising and promotion . . . . .                                                                                                                                                                                                              | <b>1,500</b>          | <b>1,500</b>                       |                                           |                                |
| <b>13</b> Office expenses . . . . .                                                                                                                                                                                                                        | <b>159,388</b>        | <b>135,480</b>                     | <b>23,908</b>                             |                                |
| <b>14</b> Information technology . . . . .                                                                                                                                                                                                                 |                       |                                    |                                           |                                |
| <b>15</b> Royalties . . . . .                                                                                                                                                                                                                              |                       |                                    |                                           |                                |
| <b>16</b> Occupancy . . . . .                                                                                                                                                                                                                              | <b>26,350</b>         | <b>22,398</b>                      | <b>3,952</b>                              |                                |
| <b>17</b> Travel . . . . .                                                                                                                                                                                                                                 | <b>10,894</b>         | <b>9,260</b>                       | <b>1,634</b>                              |                                |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                         |                       |                                    |                                           |                                |
| <b>19</b> Conferences, conventions, and meetings . . . . .                                                                                                                                                                                                 | <b>40,063</b>         | <b>40,063</b>                      |                                           |                                |
| <b>20</b> Interest . . . . .                                                                                                                                                                                                                               |                       |                                    |                                           |                                |
| <b>21</b> Payments to affiliates . . . . .                                                                                                                                                                                                                 |                       |                                    |                                           |                                |
| <b>22</b> Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                              |                       |                                    |                                           |                                |
| <b>23</b> Insurance . . . . .                                                                                                                                                                                                                              | <b>157</b>            | <b>133</b>                         | <b>24</b>                                 |                                |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)                                               |                       |                                    |                                           |                                |
| <b>a Utilities</b>                                                                                                                                                                                                                                         | <b>1,414</b>          | <b>1,202</b>                       | <b>212</b>                                |                                |
| <b>b Merchant Fees</b>                                                                                                                                                                                                                                     | <b>14,403</b>         | <b>14,403</b>                      |                                           |                                |
| <b>c Outside Service</b>                                                                                                                                                                                                                                   | <b>93,594</b>         | <b>93,594</b>                      |                                           |                                |
| <b>d Telephone</b>                                                                                                                                                                                                                                         | <b>1,618</b>          | <b>1,375</b>                       | <b>243</b>                                |                                |
| <b>e All other expenses</b>                                                                                                                                                                                                                                | <b>331</b>            |                                    | <b>331</b>                                |                                |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e. .                                                                                                                                                                                            | <b>820,785</b>        | <b>763,827</b>                     | <b>56,958</b>                             | <b>0</b>                       |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                    |                                           |                                |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

|                                                                                      |                                                                                                                                                                                                                                    | (A)<br>Beginning of year |               | (B)<br>End of year |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------|--------------------|
| <b>Assets</b>                                                                        | <b>1</b> Cash - non-interest-bearing . . . . .                                                                                                                                                                                     | <b>85,969</b>            | <b>1</b>      | <b>94,782</b>      |
|                                                                                      | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                          |                          | <b>2</b>      |                    |
|                                                                                      | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                              |                          | <b>3</b>      |                    |
|                                                                                      | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                        |                          | <b>4</b>      |                    |
|                                                                                      | <b>5</b> Loans and other receivables from 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 . . . . . |                          | <b>5</b>      |                    |
|                                                                                      | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .                                                               |                          | <b>6</b>      |                    |
|                                                                                      | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                                 |                          | <b>7</b>      |                    |
|                                                                                      | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                     |                          | <b>8</b>      |                    |
|                                                                                      | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                           |                          | <b>9</b>      |                    |
|                                                                                      | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                                                           | <b>10a</b>               |               |                    |
|                                                                                      | <b>b</b> Less: accumulated depreciation . . . . .                                                                                                                                                                                  | <b>10b</b>               | <b>10c</b>    |                    |
|                                                                                      | <b>11</b> Investments - publicly traded securities . . . . .                                                                                                                                                                       |                          | <b>11</b>     |                    |
|                                                                                      | <b>12</b> Investments - other securities. See Part IV, line 11 . . . . .                                                                                                                                                           |                          | <b>12</b>     |                    |
|                                                                                      | <b>13</b> Investments - program-related. See Part IV, line 11 . . . . .                                                                                                                                                            |                          | <b>13</b>     |                    |
|                                                                                      | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                              |                          | <b>14</b>     |                    |
|                                                                                      | <b>15</b> Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                             |                          | <b>15</b>     |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | <b>85,969</b>                                                                                                                                                                                                                      | <b>16</b>                | <b>94,782</b> |                    |
| <b>Liabilities</b>                                                                   | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                          |                          | <b>17</b>     |                    |
|                                                                                      | <b>18</b> Grants payable . . . . .                                                                                                                                                                                                 |                          | <b>18</b>     |                    |
|                                                                                      | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                               |                          | <b>19</b>     |                    |
|                                                                                      | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                    |                          | <b>20</b>     |                    |
|                                                                                      | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                                                          |                          | <b>21</b>     |                    |
|                                                                                      | <b>22</b> Loans and other 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 . . . . .     |                          | <b>22</b>     |                    |
|                                                                                      | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                 |                          | <b>23</b>     |                    |
|                                                                                      | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                   |                          | <b>24</b>     |                    |
|                                                                                      | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .                                          |                          | <b>25</b>     |                    |
| <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                | <b>0</b>                                                                                                                                                                                                                           | <b>26</b>                | <b>0</b>      |                    |
| <b>Net Assets or Fund Balances</b>                                                   | <b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>                                                                                                   |                          |               |                    |
|                                                                                      | <b>27</b> Net assets without donor restrictions . . . . .                                                                                                                                                                          |                          | <b>27</b>     |                    |
|                                                                                      | <b>28</b> Net assets with donor restrictions . . . . .                                                                                                                                                                             |                          | <b>28</b>     |                    |
|                                                                                      | <b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>                                                                                      |                          |               |                    |
|                                                                                      | <b>29</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                             |                          | <b>29</b>     |                    |
|                                                                                      | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .                                                                                                                                               |                          | <b>30</b>     |                    |
|                                                                                      | <b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                               | <b>85,969</b>            | <b>31</b>     | <b>94,782</b>      |
|                                                                                      | <b>32</b> <b>Total net assets or fund balances</b> . . . . .                                                                                                                                                                       | <b>85,969</b>            | <b>32</b>     | <b>94,782</b>      |
| <b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .            | <b>85,969</b>                                                                                                                                                                                                                      | <b>33</b>                | <b>94,782</b> |                    |

**Part XI Reconciliation of Net Assets**

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

|           |                                                                                                                |           |                |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|----------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | <b>829,598</b> |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | <b>820,785</b> |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | <b>8,813</b>   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | <b>85,969</b>  |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  |                |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |                |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |                |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |                |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)                                           | <b>9</b>  | <b>0</b>       |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | <b>94,782</b>  |

**Part XII Financial Statements and Reporting**

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

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes      | No       |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                                                                            |          |          |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .<br>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.<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | <b>X</b> |          |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? . . . . .<br>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.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                                      |          | <b>X</b> |
| <b>c</b>  | 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? . . . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                                                                |          |          |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .                                                                                                                                                                                                                                                                      |          | <b>X</b> |
| <b>b</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 on Schedule O and describe any steps taken to undergo such audits . . . . .                                                                                                                                                                                                                 |          |          |

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**HUMAN NECESSITY FOUNDATION WORLDWID**

**47-4641690**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 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 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization<br>(described on lines 1-10<br>above (see instructions)) | (iv) Is the organization<br>listed in your governing<br>document? |    | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of<br>other support (see<br>instructions) |
|------------------------------------|----------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|----|---------------------------------------------------------|-------------------------------------------------------|
|                                    |          |                                                                                     | Yes                                                               | No |                                                         |                                                       |
| (A)                                |          |                                                                                     |                                                                   |    |                                                         |                                                       |
| (B)                                |          |                                                                                     |                                                                   |    |                                                         |                                                       |
| (C)                                |          |                                                                                     |                                                                   |    |                                                         |                                                       |
| (D)                                |          |                                                                                     |                                                                   |    |                                                         |                                                       |
| (E)                                |          |                                                                                     |                                                                   |    |                                                         |                                                       |
| <b>Total</b>                       |          |                                                                                     |                                                                   |    |                                                         |                                                       |

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                            | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .                                                                                                  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                                             |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .                                                                                                                                                                        |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                                  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                            | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023  | (f) Total                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .                                                                                                                                                                 |          |          |          |          |           |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .                                                     |          |          |          |          |           |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                  |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                                                                    |          |          |          |          |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                        |          |          |          |          |           |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                    |          |          |          |          | <b>12</b> |                          |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . |          |          |          |          |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                        | <b>14</b> | %                        |
| <b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                               | <b>15</b> | %                        |
| <b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                       |           | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . .                                                                                                                                                                     |           | <input type="checkbox"/> |
| <b>17a 10%-facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/> |
| <b>b 10%-facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .                                                                                                                                                                                                                                                             |           | <input type="checkbox"/> |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                 | (a) 2019  | (b) 2020  | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                                 | 2,129,532 | 1,055,264 | 817,023  | 962,982  | 529,298  | 5,494,099 |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |           |           |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                                       |           |           |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                          |           |           |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                  |           |           |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .                                                                                                                                             | 2,129,532 | 1,055,264 | 817,023  | 962,982  | 529,298  | 5,494,099 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . .                                                                                                      |           |           |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year                     |           |           |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .                                                                                                                                                      |           |           |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .                                                                                                                          |           |           |          |          |          | 5,494,099 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                                    | (a) 2019  | (b) 2020  | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .                                                                                                                                                                                         | 2,129,532 | 1,055,264 | 817,023  | 962,982  | 529,298  | 5,494,099 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .                                                                                   |           |           |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                                                                                                     |           |           |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .                                                                                                                                                                                       |           |           |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on                                                                                          |           |           |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                                                                                            |           |           |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .                                                                                                                                                             | 2,129,532 | 1,055,264 | 817,023  | 962,982  | 529,298  | 5,494,099 |
| <b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |           |           |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                             |           |          |
|-------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | 100.00 % |
| <b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | 100.00 % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                     |           |        |
|---------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . | <b>17</b> | 0.00 % |
| <b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . . .                     | <b>18</b> | 0.00 % |

- 19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>                                                                                                                                                                                                                    |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                                                                                                                                                                                                                                                 |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>                                                                                                                                                                                                                                                               |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>                                                                                                                                                                                                                                                                                                        |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.</i>                                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>                                                                                                                                                                                                            |     |    |
| <b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>                                                                                                                                                                               |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i> |     |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                              |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>                                                                                                                                                                                                         |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                         |     |    |
| <b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>                                                                                                                                                                                                                                                         |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>                                                                                                                                                                                                                                                                                                                                                              |     |    |



**Part IV** Supporting Organizations (continued)

|                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                                  |     |    |
| <b>a</b> 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? |     |    |
| <b>11a</b>                                                                                                                                                                         |     |    |
| <b>b</b> A family member of a person described on line 11a above?                                                                                                                  |     |    |
| <b>11b</b>                                                                                                                                                                         |     |    |
| <b>c</b> A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .                                  |     |    |
| <b>11c</b>                                                                                                                                                                         |     |    |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                             |     |    |

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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? |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                       |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

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

|                                                                                                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>a</b>                                                                                                                                   | <input type="checkbox"/> | The organization satisfied the Activities Test. Complete <b>line 2</b> below.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>b</b>                                                                                                                                   | <input type="checkbox"/> | The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>c</b>                                                                                                                                   | <input type="checkbox"/> | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>a</b>                                                                                                                                   |                          | 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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |
| <b>2a</b>                                                                                                                                  |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>b</b>                                                                                                                                   |                          | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                                                                  |
| <b>2b</b>                                                                                                                                  |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.                                                                  |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>a</b>                                                                                                                                   |                          | 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 <b>Part VI</b> .                                                                                                                                                                                                                                                                                                             |
| <b>3a</b>                                                                                                                                  |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>b</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 <b>Part VI</b> the role played by the organization in this regard.                                                                                                                                                                                                                                                                                   |
| <b>3b</b>                                                                                                                                  |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| <b>1</b>                        | Net short-term capital gain                                                                                                                                                                              | <b>1</b>       |                             |
| <b>2</b>                        | Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b>       |                             |
| <b>3</b>                        | Other gross income (see instructions)                                                                                                                                                                    | <b>3</b>       |                             |
| <b>4</b>                        | Add lines 1 through 3.                                                                                                                                                                                   | <b>4</b>       |                             |
| <b>5</b>                        | Depreciation and depletion                                                                                                                                                                               | <b>5</b>       |                             |
| <b>6</b>                        | 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) | <b>6</b>       |                             |
| <b>7</b>                        | Other expenses (see instructions)                                                                                                                                                                        | <b>7</b>       |                             |
| <b>8</b>                        | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                      | <b>8</b>       |                             |

  

| Section B - Minimum Asset Amount |                                                                                                                                 | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| <b>1</b>                         | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| <b>a</b>                         | Average monthly value of securities                                                                                             | <b>1a</b>      |                             |
| <b>b</b>                         | Average monthly cash balances                                                                                                   | <b>1b</b>      |                             |
| <b>c</b>                         | Fair market value of other non-exempt-use assets                                                                                | <b>1c</b>      |                             |
| <b>d</b>                         | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | <b>1d</b>      |                             |
| <b>e</b>                         | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| <b>2</b>                         | Acquisition indebtedness applicable to non-exempt-use assets                                                                    | <b>2</b>       |                             |
| <b>3</b>                         | Subtract line 2 from line 1d.                                                                                                   | <b>3</b>       |                             |
| <b>4</b>                         | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>       |                             |
| <b>5</b>                         | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                | <b>5</b>       |                             |
| <b>6</b>                         | Multiply line 5 by 0.035.                                                                                                       | <b>6</b>       |                             |
| <b>7</b>                         | Recoveries of prior-year distributions                                                                                          | <b>7</b>       |                             |
| <b>8</b>                         | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                              | <b>8</b>       |                             |

  

| Section C - Distributable Amount |                                                                                                                                                                           |          | Current Year |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|
| <b>1</b>                         | Adjusted net income for prior year (from Section A, line 8, column A)                                                                                                     | <b>1</b> |              |
| <b>2</b>                         | Enter 0.85 of line 1.                                                                                                                                                     | <b>2</b> |              |
| <b>3</b>                         | Minimum asset amount for prior year (from Section B, line 8, column A)                                                                                                    | <b>3</b> |              |
| <b>4</b>                         | Enter greater of line 2 or line 3.                                                                                                                                        | <b>4</b> |              |
| <b>5</b>                         | Income tax imposed in prior year                                                                                                                                          | <b>5</b> |              |
| <b>6</b>                         | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                             | <b>6</b> |              |
| <b>7</b>                         | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |          |              |

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

| Section D - Distributions |                                                                                                                                                    | Current Year |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes                                                                              | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                              | 3            |
| 4                         | Amounts paid to acquire exempt-use assets                                                                                                          | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required) - provide details in <b>Part VI</b>                                                      | 5            |
| 6                         | Other distributions (describe in <b>Part VI</b> ). See instructions.                                                                               | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.                                                                                          | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | 8            |
| 9                         | Distributable amount for 2023 from Section C, line 6                                                                                               | 9            |
| 10                        | Line 8 amount divided by line 9 amount                                                                                                             | 10           |

  

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions                                                                                                                                                     | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|
| 1                                                       | Distributable amount for 2023 from Section C, line 6                                                                                                                            |                                        |                                           |
| 2                                                       | Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in <b>Part VI</b> ). See instructions.                                                 |                                        |                                           |
| 3                                                       | Excess distributions carryover, if any, to 2023                                                                                                                                 |                                        |                                           |
| a                                                       | From 2018 . . . . .                                                                                                                                                             |                                        |                                           |
| b                                                       | From 2019 . . . . .                                                                                                                                                             |                                        |                                           |
| c                                                       | From 2020 . . . . .                                                                                                                                                             |                                        |                                           |
| d                                                       | From 2021 . . . . .                                                                                                                                                             |                                        |                                           |
| e                                                       | From 2022 . . . . .                                                                                                                                                             |                                        |                                           |
| f                                                       | <b>Total</b> of lines 3a through 3e                                                                                                                                             |                                        |                                           |
| g                                                       | Applied to underdistributions of prior years                                                                                                                                    |                                        |                                           |
| h                                                       | Applied to 2023 distributable amount                                                                                                                                            |                                        |                                           |
| i                                                       | Carryover from 2018 not applied (see instructions)                                                                                                                              |                                        |                                           |
| j                                                       | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                          |                                        |                                           |
| 4                                                       | Distributions for 2023 from Section D, line 7: \$                                                                                                                               |                                        |                                           |
| a                                                       | Applied to underdistributions of prior years                                                                                                                                    |                                        |                                           |
| b                                                       | Applied to 2023 distributable amount                                                                                                                                            |                                        |                                           |
| c                                                       | Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                |                                        |                                           |
| 5                                                       | Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                                        |                                           |
| 6                                                       | Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                                        |                                           |
| 7                                                       | <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.                                                                                                             |                                        |                                           |
| 8                                                       | Breakdown of line 7:                                                                                                                                                            |                                        |                                           |
| a                                                       | Excess from 2019 . . . .                                                                                                                                                        |                                        |                                           |
| b                                                       | Excess from 2020 . . . .                                                                                                                                                        |                                        |                                           |
| c                                                       | Excess from 2021 . . . .                                                                                                                                                        |                                        |                                           |
| d                                                       | Excess from 2022 . . . .                                                                                                                                                        |                                        |                                           |
| e                                                       | Excess from 2023 . . . .                                                                                                                                                        |                                        |                                           |

## 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 1; 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.)

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Employer identification number

HUMAN NECESSITY FOUNDATION WORLDWID

47-4641690

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region                                           | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| (1)South Asia                                        | 1                                   | 1                                                                          | Program services                                                                                                                                   | CLEAN WATER PROJECT                                                                                    | 311,551                                                  |
| (2)                                                  |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (3)                                                  |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (4)                                                  |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (5)                                                  |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (6)                                                  |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (7)                                                  |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (8)                                                  |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (9)                                                  |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (10)                                                 |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (11)                                                 |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (12)                                                 |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (13)                                                 |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (14)                                                 |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (15)                                                 |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (16)                                                 |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (17)                                                 |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| 3a Subtotal . . . . .                                | 1                                   | 1                                                                          |                                                                                                                                                    |                                                                                                        | 311,551                                                  |
| b Total from continuation sheets to Part I . . . . . |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| c Totals (add lines 3a and 3b)                       | 1                                   | 1                                                                          |                                                                                                                                                    |                                                                                                        | 311,551                                                  |

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

| 1    | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|----------------------------------------------|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|-------------------------------------------------------|
| (1)  |                          |                                              |            |                      |                          |                                 |                                  |                                       |                                                       |
| (2)  |                          |                                              |            |                      |                          |                                 |                                  |                                       |                                                       |
| (3)  |                          |                                              |            |                      |                          |                                 |                                  |                                       |                                                       |
| (4)  |                          |                                              |            |                      |                          |                                 |                                  |                                       |                                                       |
| (5)  |                          |                                              |            |                      |                          |                                 |                                  |                                       |                                                       |
| (6)  |                          |                                              |            |                      |                          |                                 |                                  |                                       |                                                       |
| (7)  |                          |                                              |            |                      |                          |                                 |                                  |                                       |                                                       |
| (8)  |                          |                                              |            |                      |                          |                                 |                                  |                                       |                                                       |
| (9)  |                          |                                              |            |                      |                          |                                 |                                  |                                       |                                                       |
| (10) |                          |                                              |            |                      |                          |                                 |                                  |                                       |                                                       |
| (11) |                          |                                              |            |                      |                          |                                 |                                  |                                       |                                                       |
| (12) |                          |                                              |            |                      |                          |                                 |                                  |                                       |                                                       |
| (13) |                          |                                              |            |                      |                          |                                 |                                  |                                       |                                                       |
| (14) |                          |                                              |            |                      |                          |                                 |                                  |                                       |                                                       |
| (15) |                          |                                              |            |                      |                          |                                 |                                  |                                       |                                                       |
| (16) |                          |                                              |            |                      |                          |                                 |                                  |                                       |                                                       |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

3 Enter total number of other organizations or entities . . . . .

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (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) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|-------------------------------------------------------|
| (1) HUMANITARIAN ASSISTANCE     | South Asia | 300,000                  |                          | NOT APPLICABLE                  | 311,551                          | HOSPITALS AND SALAR P                 | Book                                                  |
| (2)                             |            |                          |                          |                                 |                                  |                                       |                                                       |
| (3)                             |            |                          |                          |                                 |                                  |                                       |                                                       |
| (4)                             |            |                          |                          |                                 |                                  |                                       |                                                       |
| (5)                             |            |                          |                          |                                 |                                  |                                       |                                                       |
| (6)                             |            |                          |                          |                                 |                                  |                                       |                                                       |
| (7)                             |            |                          |                          |                                 |                                  |                                       |                                                       |
| (8)                             |            |                          |                          |                                 |                                  |                                       |                                                       |
| (9)                             |            |                          |                          |                                 |                                  |                                       |                                                       |
| (10)                            |            |                          |                          |                                 |                                  |                                       |                                                       |
| (11)                            |            |                          |                          |                                 |                                  |                                       |                                                       |
| (12)                            |            |                          |                          |                                 |                                  |                                       |                                                       |
| (13)                            |            |                          |                          |                                 |                                  |                                       |                                                       |
| (14)                            |            |                          |                          |                                 |                                  |                                       |                                                       |
| (15)                            |            |                          |                          |                                 |                                  |                                       |                                                       |
| (16)                            |            |                          |                          |                                 |                                  |                                       |                                                       |
| (17)                            |            |                          |                          |                                 |                                  |                                       |                                                       |
| (18)                            |            |                          |                          |                                 |                                  |                                       |                                                       |

**Part 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 the Instructions for Form 926)* . . . . . ☐ Yes ☒ 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 the 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 the 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 the 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 the 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 the instructions for Form 5713; don't file with Form 990)* . . . . . ☐ Yes ☒ No



|               |                                 |
|---------------|---------------------------------|
| <b>Part V</b> | <b>Supplemental Information</b> |
|---------------|---------------------------------|

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.

Name of the organization  
**HUMAN NECESSITY FOUNDATION WORLDWID**

Employer identification number  
**47-4641690**

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|-------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                   |                                                   |
| 1                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 2                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 3                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 4                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 5                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 6                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 7                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 8                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 9                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 10                                                        |               |                                                                |    |                                   |                                                                   |                                                   |
| Total . . . . .                                           |               |                                                                |    |                                   |                                                                   |                                                   |

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                                                                                  |                                                                                 | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events                |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------|--------------|------------------|---------------------------------|
|                                                                                  |                                                                                 | (event type) | (event type) | (total number)   | (add col. (a) through col. (c)) |
| Revenue                                                                          | <b>1</b> Gross receipts . . . . .                                               |              |              |                  |                                 |
|                                                                                  | <b>2</b> Less: Contributions . . . . .                                          |              |              |                  |                                 |
|                                                                                  | <b>3</b> Gross income (line 1 minus line 2) . . . . .                           |              |              |                  |                                 |
| Direct Expenses                                                                  | <b>4</b> Cash prizes . . . . .                                                  |              |              |                  |                                 |
|                                                                                  | <b>5</b> Noncash prizes . . . . .                                               |              |              |                  |                                 |
|                                                                                  | <b>6</b> Rent/facility costs . . . . .                                          |              |              |                  |                                 |
|                                                                                  | <b>7</b> Food and beverages . . . . .                                           |              |              |                  |                                 |
|                                                                                  | <b>8</b> Entertainment . . . . .                                                |              |              |                  |                                 |
|                                                                                  | <b>9</b> Other direct expenses . . . . .                                        |              |              |                  |                                 |
|                                                                                  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . |              |              |                  |                                 |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . |                                                                                 |              |              |                  |                                 |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |                                                                                       | (a) Bingo                                                           | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming                                                    | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------|
|                 |                                                                                       |                                                                     |                                                                     |                                                                     |                                                  |
| Revenue         | <b>1</b> Gross revenue . . . . .                                                      |                                                                     |                                                                     |                                                                     |                                                  |
| Direct Expenses | <b>2</b> Cash prizes . . . . .                                                        |                                                                     |                                                                     |                                                                     |                                                  |
|                 | <b>3</b> Noncash prizes . . . . .                                                     |                                                                     |                                                                     |                                                                     |                                                  |
|                 | <b>4</b> Rent/facility costs . . . . .                                                |                                                                     |                                                                     |                                                                     |                                                  |
|                 | <b>5</b> Other direct expenses . . . . .                                              |                                                                     |                                                                     |                                                                     |                                                  |
|                 | <b>6</b> Volunteer labor . . . . .                                                    | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                  |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .        |                                                                     |                                                                     |                                                                     |                                                  |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . |                                                                     |                                                                     |                                                                     |                                                  |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain: \_\_\_\_\_

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

**HUMAN NECESSITY FOUNDATION WORLDWID**

Employer identification number

**47-4641690**

**01. Amended return information**

Taxpayer is amending the tax return to correct program service expenses.

**02. Form 990 governing body review (Part VI, line 11)**

Form 990 is reviewed by the board members before submitting to the IRS.

**03. Conflict of interest policy compliance (Part VI, line 12c)**

The Organization's conflict of interest policy is available upon request.

**04. CEO, executive director, top management comp (Part VI, line 15a)**

The compensation of the executive director is reviewed and approved by the board members.

**05. Other officer or key employee compensation (Part VI, line 15b)**

The compensation of the officers and key employees are determined and approved by the  
board members.

**06. Governing documents, etc, available to public (Part VI, line 19)**

The organizations governing documents are available to the public upon request and also  
available in various websites.