KELLY & COMPANY LLC 1934 OLD GALLOWS ROAD - SUITE 510 TYSONS CORNER, VA 22182

> ORPHANS IN NEED USA 11501 DUBLIN BLVD, 200 DUBLIN, CA 94568

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CLIENT'S COPY

Kelly & Company LLC Certified Public Accountants 1934 Old Gallows Road - Suite 510 Tysons Corner, VA 22182

October 23, 2023

Orphans in Need USA 11501 Dublin Blvd 200 Dublin, CA 94568

Orphans in Need USA:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2023.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

David Baum

IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2022, or fiscal year b	eginning , 20	022, and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN **_**** ORPHANS IN NEED USA MANSOOR SAKHIY Name and title of officer or person subject to tax CHIEF EXECUTIVE OFFICER Type of Return and Return Information Part I 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 Total revenue,** if any (Form 990, Part VIII, column (A), line 12) _______ **1b** ______ **3 , 726 , 290 .** Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here За Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here 6a Form 4720 check here 7a Form 5227 check here 8a **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of periury. 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 2022 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 to enter my PIN ERO firm name Enter five numbers, but do not enter all zeros as my signature on the tax year 2022 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 2022 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 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 54229822101 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 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. 10/23/23 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-TE** (2022)

EXTENDED TO NOVEMBER 15, 2023

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning and e	ending	_	
3 C	heck if oplicable	C Name of organization		D Employer identific	cation number
	Addres	S ORPHANS IN NEED USA			
	Name change			**_***	* *
	Initial return		Room/suite	E Telephone number	,
	Final return/		200	202-210-	
	termin- ated			G Gross receipts \$	3,726,290.
X	Amend	DUBLIN, CA 94568		H(a) Is this a group re	
	Application	F Name and address of principal officer: MANSOOR SAKHIY		for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	1 ' '	list. See instructions
	/ebsit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		State of legal domicile: VA
Pa		Summary		•	
6	1	Briefly describe the organization's mission or most significant activities: SUPPC	ORT OR	PHANS IN TH	EIR
Governance		PERSONAL DEVELOPMENT, HELPING THEM LEARN	NEW	SKILLS AND	IMPROVE
ığ	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.
8	3	Number of voting members of the governing body (Part VI, line 1a)		3	6
5	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
Se		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			3
<u></u>		Total number of volunteers (estimate if necessary)			0
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			465.
		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		211,387.	3,725,825.
el l	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
۳	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	465.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		211,387.	3,726,290.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	1,873,721.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\cdot\cdot\cdot}$		2,685.	261,106.
Expenses	16 a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
š		Total fundraising expenses (Part IX, column (D), line 25)		16 100	226 265
۳		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		16,402.	836,365.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		19,087.	2,971,192.
(0	19	Revenue less expenses. Subtract line 18 from line 12		192,300.	
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
Sser		Total assets (Part X, line 16)		194,777.	1,019,553.
nde		Total liabilities (Part X, line 26)		2,478.	72,156.
		Net assets or fund balances. Subtract line 21 from line 20		192,299.	947,397.
	rt II	Signature Block			. Lancard and a sound by the first factor
		lties of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Declaration of preparer (other than officer) is based on all information of whi			/ knowleage and belief, it is
iue,	Correc	t, and complete. Declaration of preparet (other than officer) is based on an imormation of win	icii preparei	lias any knowledge.	
·		Signature of officer		I Date	
Sign Here		MANSOOR SAKHIY, CHIEF EXECUTIVE OFFICER			
nere	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature	П	Date Check	PTIN
Paid	-	DAVID BAUM	1	.0/23/23 if self-employed	
	+	Firm's name KELLY & COMPANY LLC	<u> -</u>	Firm's EIN *	*_***
		Firm's address 1934 OLD GALLOWS ROAD - SUITE 510)	THIII 3 LIN	
-		TYSONS CORNER, VA 22182	-	Phone no. 70	3-288-3303
May	the IF			T Hono hor -	X Yes No

Form	1 990 (2022) ORPHANS IN NEED USA	**_***	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission: THE ORGANIZATION WAS DEDICATED TO PROVIDING LONG-TERM, O	CONSTSTENT	
	SUPPORT TO ORPHAN CHILDREN AND THEIR FAMILIES IN NEED.		RE
	HERE TO ENSURE THE CHILDREN IN OUR CARE WILL GROW AND DE		HEIR
	CONFIDENCE OVER TIME. OUR TEAMS ARE WORKING IN THE AREAS		
2	Did the organization undertake any significant program services during the year which were not listed on the	, mortpr	
2		XYes	s No
		<u>121</u> fet	S L INO
_	If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	S LA 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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses	, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,009,335 • including grants of \$1,009,335 •) (Revenu		
	HEALTH CARE PROGRAM: THE ORGANIZATION RECEIVED MEDICAL E		
	SUPPLIES FROM THE DONOR AND REDISTRIBUTED THE DONATED EQ	UIPMENT ANI)
	SUPPLIES TO ORPHANS AND WIDOWS AROUND THE WORLD WHERE MO	ST NEEDED.	
	262 142 107 500	CET	240
4b	(Code:) (Expenses \$ 362,143. including grants of \$ 187,508.) (Revenue)		,340.
	ORPHAN & WIDOWS PROGRAM: THE ORGANIZATION RECEIVED PUBLI		ATTH
	ONLINE AND OFFLINE DONATIONS DESIGNATED TO HELP ORPHANS		
	AROUND THE WORLD. THE ORGANIZATION PROVIDES DIRECT AND I		
	MEDICAL, FOOD, HOME BUILDING AND OTHER SUPPORT TO GLOBAL	J ORPHANS AI	ND
	WIDOWS IN NEED.		
4c	(Code:) (Expenses \$ 326,705 • including grants of \$ 212,750 •) (Revenu	es 403	, 227·)
	FOOD AID PROGRAM: THE ORGANIZATION PROVIDES HUNGER SUPPO	RT TO GLOB	
	ORPHANS AND WIDOWS WITH DESIGNATED GROUP.		· <u></u>
4d	Other program services (Describe on Schedule O.)		
		928,034. ₎	
4e	Total program service expenses 2,378,696.		

Form 990 (2022) ORPHANS IN N. Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			3,7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			 ₩
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		х
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13		13 14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		1
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	L	X
		_	Ω	10000

Form 990 (2022) ORPHANS IN NEED US Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f			
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	F
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
UZ.	Cohodulo N. Dort II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		F
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		 -
-		34		х
35 2		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
50	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	"		
30		38	х	1
Par	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	30		
	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is defided to define a response of flote to diff fille if the fact v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number reported in box 3 of Form 1090. Enter -0- in not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
	(garnoung) withings to prize withers:	l IC		

ORPHANS IN NEED USA Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 3		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	37
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				v
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
р	If "Yes," enter the name of the foreign country				
E-0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		E		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		21
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30		
ua	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
~	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		Х
			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Formation (in the organization of the organization) and the organization of the	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	140-			
	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ן מטו			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources against	i i a			
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		l		37
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	it income?	16		X
17	If "Yes," complete Form 4720, Schedule O.	tivition			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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?	16b		
Sec	tion C. Disclosure		363	
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, FL, GA, HI, IL, KS			
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)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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, a	nd finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MANSOOR SAKHIY - 202-210-5331			

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

77	
1 X 1	

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

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

Check this box if neither the organization		orga	aniza			npe	nsat			
(A)	(B)			(O Pos	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per week		, unle cer ar					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				pg.		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	omp		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer			organizations
(1) WINGOOD GIVING	line) 40.00	트	ııs	#0	ağ.	흜틃	훈			
(1) MANSOOR SAKHIY	40.00	₩.		.				120 420	0.	0
CEO	1.00	Х		Х				120,420.	0.	0.
(2) ANIS MUSA	1.00	x		x				0.	0.	0
PRESIDENT & CHAIR	1.00	^		^				0.	0.	0.
(3) ZULEYHA KAYL	1.00	x						0.	0.	0.
BOARD TREASURER (4) SOMAYYAH GHARIANI	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
(5) JONEAD AFZAL	1.00	^						0.	0.	0.
BOARD SECRETARY	1.00	X						0.	0.	0.
(6) ISLMAIL VANIA	1.00	<u> </u>						0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
(7) VALERIE ANN SCARLL	1.00	12						•	•	•
BOARD MEMBER	1.00	X						0.	0.	0.
DOARD MEMBER		<u> </u>						· ·	· ·	· ·
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		1								
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		1								

Form **990** (2022)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organization: (W-2/1099-MIS 1099-NEC)	on I s	Estir amo ot compe fron organ and r	nated unt of her ensation in the ization elated		
		below line)	Individu	Institutio	Officer	Key employee	Highest	Former				organi	zations
									120 420				
С	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but recompensation from the organization	I, Section A							120,420. 0. 120,420. eceived more than \$100	,000 of reportable	0. 0. 0. le	Tv	0. 0. 0.
3 4 5 Sec	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for some series on line 1a, is the sum and related organizations greater than \$150 did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete B. Independent Contractors	uch individual um of reportab 0,000? If "Yes, accrue compe	le co " co	omp omple ion f	ensa ete S from	atior S <i>che</i>	n and e <i>dul</i> e y unr	d ot e <i>J t</i>	her compensation from for such individual	the organization		3 4 5	X X X
1	Complete this table for your five highest countered the organization. Report compensation for (A) Name and business	the calendar y	ear		ng v					year.		(C) ompens	
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to	tho (se li:	stec	d above) who received m	nore than		- 00	20 (2222)

_** ORPHANS IN NEED USA Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 3,725,825 similar amounts not included above 1g \$1,009,335. g Noncash contributions included in lines 1a-1f 3,725,825. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 900099 465. 465. 11 a OTHER REVENUE b d All other revenue

465

3,726,290

465.

0.

e Total. Add lines 11a-11d

Total revenue. See instructions

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 say line in the Part X C)	-	Check if Schedule O contains a respon				
Trace Trac	Do		(A)	(B)	(C)	(D)
Grants and other assistance to demestic organizations and domestic operations. See Part IV, line 21			Total expenses			
2 Cantas and other assistance to domestic individuals. See Part IV, line 22	1	Grants and other assistance to domestic organizations		<i>ол</i> ,ролосс	денения ежреннее	57\p511000
Individuals See Part N, line 22 3 3 3 3 3 3 3 3 3		-				
3 Grants and other assistance to foreign organizations, foreign governments, and toreign individuals. See Part IV, lines 15 and 16	2	Grants and other assistance to domestic				
3 Grants and other assistance to foreign organizations, foreign governments, and toreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22				
Individuals. See Part IV, lines 15 and 16 1, 873, 721. 1, 87	3	T T T T T T T T T T T T T T T T T T T				
## Benefits paid to of for members Compensation of current officers, directors, trustees, and key employees 120,420. 37,330. 65,027. 18,063.		organizations, foreign governments, and foreign				
120, 420. 37,330. 65,027. 18,063.		individuals. See Part IV, lines 15 and 16	1,873,721.	1,873,721.		
trustees, and key employees Compensation not included above to disqualified persons (as defined under section 498((i)1) and persons described in section 498((i)1) and accrusis and contributions (include section 401(i) and 403(i) employer contributions) 9 Other employee benefits 10 Payrolt taxes 116,644. 124,147. 2,497. 15 Fees for services (nonemployees): a Management b Legal C Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other, (f line 11) amount exceeds 10% of line 25, column (A), amount, list line 119 expenses on Sch 0, 2, 2924. 2,924. 2,924. 2,924. 2,924. 2,924. 30,925. 30,958. 30,9	4	Benefits paid to or for members				
6 Compensation not included above to disqualified persons (as defined under section 4958(i)(11)) and persons described in section 4958(i)(3)(8) 7 Other salaries and wages 8 Pension plan acruals and contributions (include section 401(i)) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 11 Fees for services (nonemployees): 12 Management 13 Legal 14 Lobbying 15 Professional fundraising services. See Part IV, line 17 Investment management fees 19 Other, (If line 11g amount exceeds 10% of line 25, column (IA), amount, 1st line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 13 Office expenses 14 Januard, 1st line 11g expenses on Sch 0.) 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any elevals, state, or local public officials 19 Conferences, conventions, and meetings 11 Internation depletion, and amortization 11 Insurance 11 Payments to affiliates 12 Payments of affiliates 13 Office expenses. Remice expenses not coveed of the expenses of the 25 column IA, and any other any other any other any other and any other	5	Compensation of current officers, directors,				
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8		persons (as defined under section 4958(f)(1)) and				
Persion plan accruals and contributions (include section 401(k) and 403(h) employer contributions) Other employee benefits 36,296. 30,852. 5,444. 10		persons described in section 4958(c)(3)(B)				
Section 401(k) and 403(b) employer contributions 36,296. 30,852. 5,444.	7	F	87,746.	27,669.	46,915.	13,162.
9 Other employee benefits 36,296. 30,852. 5,444. 10 Payroll taxes 16,644. 14,147. 2,497. 1 Fees for services (nonemployees): a Management	8	·				
10		```	26 225		20 252	
11 Fees for services (nonemployees): a Management	9		•			5,444.
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 343,475, 218,053, 125,422. 3 Office expenses 2,924, 2,924, 2,924. 1nformation technology 9,371, 9,371. 5 Royalties 6 Occupancy 30,958, 30,958, 30,958, 17 Travel 16 Cocupancy 16,720,	10	Payroll taxes	16,644.		14,147.	2,497.
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reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	25	Total functional expenses. Add lines 1 through 24e	2,971,192.	2,378,696.	315,326.	$277,\overline{170}$
educational campaign and fundraising solicitation.	26	Joint costs. Complete this line only if the organization				
		reported in column (B) joint costs from a combined				
Check here if following SOP 98-2 (ASC 958-720)						
F 000 (cocc)		Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022) Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		194,777.	1	1,007,521.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3	12,032.	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes	se persons		5	
	6	Loans and other receivables from other disquali	fied persons (as defined			
		under section 4958(f)(1)), and persons described			6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ÿ	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities	,		11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa		194,777.	16	1,019,553.
	17	Accounts payable and accrued expenses	2,478.	17	11,656.	
	18	Grants payable		18	60,500.	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
S	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
abi		controlled entity or family member of any of thes			22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			25	
	26	Tabal Calcillation And Const. 47 November 05		2,478.	26	72,156.
,		Organizations that follow FASB ASC 958, che	ck here X			
ces		and complete lines 27, 28, 32, and 33.				
ılan	27	Net assets without donor restrictions		192,299.	27	184,330.
l Ba	28	Net assets with donor restrictions			28	763,067.
nu		Organizations that do not follow FASB ASC 9				
řF		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
se	30	Paid-in or capital surplus, or land, building, or eq			30	
t As	31	Retained earnings, endowment, accumulated in	come, or other funds		31	
Ne	32	Total net assets or fund balances		192,299.	32	947,397.
	33	Total liabilities and net assets/fund balances	194,777.	33	1,019,553.	

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		72			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	2,97			
3	Revenue less expenses. Subtract line 2 from line 1	3			-	98.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		19	2,2	99.	
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0 .		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B)) 10						
Pa	rt XII Financial Statements and Reporting		,				
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
						X	
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	',				
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	O .				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

Form **990** (2022)

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 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

ORPHANS IN NEED USA

Employer identification number **_****

Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.			
The	orgar	ization is not a private found	lation because it is: (For lines 1 through 12, o	check only	one box.)				
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).			
2		A school described in secti								
3		A hospital or a cooperative				(b)(1)(A)(i	ii).			
4	П	A medical research organiz						the hospital's name		
•		city, and state:	a operated	jaaaaa				are respirate straine,		
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in		
3				liege of difficulty owner	а ог орста	ica by a g	overnmental and desent	JCG II1		
6		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
6	X							and the standard and the		
7	22									
_		section 170(b)(1)(A)(vi). (C	• •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
8	Н	A community trust describe								
9		An agricultural research org				-	-	-		
		or university or a non-land-o	grant college of agric	ulture (see instructions).	. Enter the	name, city	y, and state of the colleg	je or		
		university:								
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from (contributio	ons, membership fees, a	nd gross receipts from		
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)							
11	Ш	An organization organized a	and operated exclus	ively to test for public sa	afety. See s	section 50)9(a)(4).			
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or		
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on		
		lines 12a through 12d that	describes the type o	of supporting organization	n and com	nplete lines	s 12e, 12f, and 12g.			
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting		
		organization. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org			tion with it	s support	ed organization(s), by ha	aving		
		control or management o	•					-		
		organization(s). You mus					5 1	ı		
С		☐ Type III functionally inte			in connec	tion with.	and functionally integrat	ed with.		
_		its supported organization					•	,		
d		Type III non-functionally		· ·				ization(s)		
_		that is not functionally int					• • • • • •	* *		
		requirement (see instruct	-	•	•		•			
е		Check this box if the orga	•	-						
٠		functionally integrated, or					a type i, type ii, type iii			
f	Ente	er the number of supported o	raspizations							
,		vide the following information		ad organization(s)						
<u>9</u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other		
		organization	, ,	(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)		
				above (see instructions))						

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.)

Set	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				211,387.	3,725,825.	3,937,212.
2	Tax revenues levied for the organ-				,	, ,	
_	ization's benefit and either paid to						
	or expended on its behalf						
•							
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				211 207		
	Total. Add lines 1 through 3				211,387.	3,725,825.	3,937,212.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						3,937,212.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4				211,387.	3,725,825.	3,937,212.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3,937,212.
	Gross receipts from related activities,	oto (soo instructi	one)			12	465.
	First 5 years. If the Form 990 is for the			fourth or fifth tay			
10	organization, check this box and stor	_					X
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (column (f))		14	%
	Public support percentage from 2021					15	
	33 1/3% support test - 2022. If the o					I	
100	stop here. The organization qualifies	-					
h	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	-					
170							
ı, a	10% -facts-and-circumstances tes and if the organization meets the fact	-					
					· ·	vi now the organiza	
L	meets the facts-and-circumstances to	-			-		10% or
O	10% -facts-and-circumstances tes	-					1070 UI
	more, and if the organization meets the						
10	organization meets the facts-and-circ						
10	Private foundation. If the organization	ni did fiot check a	DUX UIT III IE 13, 16	a, 100, 17a, 01 17	D, CHECK THS DOX a	na see mstructions	<u> </u>

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.)

Se	qualify under the tests listed b	elow, please com	plete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(b) 2019	(6) 2020	(u) 2021	(e) 2022	(i) iotai
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
-	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7 8	Amounts included on lines 1, 2, and						
ŀ	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	• • • • • • • • • • • • • • • • • • • •	(=) 0010	(h) 0010	(-) 0000	(4) 0001	(-) 0000	(6) Total
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest,						
100	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
K	Unrelated business taxable income (less section 511 taxes) from businesses						
	onguired ofter June 20, 1075						
	Add lines 10a and 10b Net income from unrelated business						
•••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			f		F04(-)(0)ii	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·	, , ,	,	•	() ()	ilon,
<u>S</u>	check this box and stop here ction C. Computation of Publ		rcentage				L
	-			l (f))		15	
	Public support percentage for 2022 (I					 	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	<u>%</u>
	<u> </u>					147	
17						17	<u>%</u>
18	Investment income percentage from 2						% 17 is not
198	a 33 1/3% support tests - 2022. If the						TOIT 2I 1 I
	more than 33 1/3%, check this box at						
K	33 1/3% support tests - 2021. If the						
00	line 18 is not more than 33 1/3%, che						
U	Private foundation. If the organizatio	ri did Hot check a	1 DOX OH IIHE 14, 18	a, or 190, check t	ins box and see in	อนนบนปีโจ้	

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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

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

	Yes	No
1		
2		
_		
3a		
3b		
3c		
4a		
4 a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
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8		
0-		
9a		
9b		
ฮม		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	٥.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	لــــــا	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.			
	All other Type III non-functionally integrated supporting organizations mus	t complet	te Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ılly integra	ated Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509		anizations (continue	20()	raye r
	on D - Distributions	(u)(o) cappoi9 c. 9	CONTINUE	3 a)	Current Year
1	Amounts paid to supported organizations to accomplish exe		1	Ourrent real	
	Amounts paid to supported organizations to accomplish exemples and to perform activity that directly furthers exemple to the supported organizations to accomplish exemples to accomplish exemples and the supported organizations are supported organizations.				
_	organizations, in excess of income from activity	or purposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ne	3	
4	Amounts paid to acquire exempt-use assets	15	4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.	ovide details in Full VI)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	Δ		
Ū	(provide details in Part VI). See instructions.	no organization to responsive		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
<u></u>	Elifo o amount arriada by line o amount	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	s	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

ORPHANS IN NEED USA

Employer identification number **_****

Pai	TI Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		is or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	_	
	are the organization's property, subject to the organization's $ \\$		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of		
_	impermissible private benefit?		Yes No
Pai			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitat	Preservation o	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the forn	n of a conservation easement on the last Held at the End of the Tax Year
	day of the tax year.		
_	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic structure of the		2c
a	Number of conservation easements included in (c) acquired a		
•	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by ti	ne organization during the tax
4	year Number of states where property subject to conservation eas	coment is leasted	
5	Does the organization have a written policy regarding the per		- f
3	violations, and enforcement of the conservation easements it	·	
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	Cital and volunteer hours devoted to monitoring, inspecting,	rialiting of violations, and emorning co	nscreation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	vation easements during the year
•	, <u></u> ,		anen eusemenie aannig ale year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	'O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.	Ç	
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or (Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	d balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treatments		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
b	Assets included in Form 990, Part X		

		IN NEED U						**_**			age 2
Pa	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	r Simil	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at make s	ignificant	use of its			
	collection items (check all that apply):										
a Public exhibition d Loan or exchange program											
b Cholarly research e Other											
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how t	hey further tl	he organizat	ion's exer	npt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	er similar	assets				
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's co	ollection?				Yes		☐ No
Pa	t IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	n answered	"Yes" on	Form 990	D, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						. 1c				
	Additions during the year										
е	Distributions during the year										
f	Ending balance						. 1f				
2a	Did the organization include an amount on F						ity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xplanati	on has been	provided on	Part XIII					
Pa	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo	rm 990, Par	t IV, line 1	0.				
	•	(a) Current year	(b) F	Prior year	(c) Two yea	rs back ((d) Three y	ears back/	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		ce (line 1	la. column (a	a)) held as:						
а	Board designated or quasi-endowment	•	%	3 , (,,						
b	Permanent endowment	%	<u> </u>								
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
За	Are there endowment funds not in the posse	•	ation th	at are held a	nd administe	ered for th	ne				
	organization by:	J							[Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pa	t VI Land, Buildings, and Equipn										
	Complete if the organization answere		0, Part I	V, line 11a. S	See Form 990	D, Part X,	line 10.				
	Description of property	(a) Cost or o	•	·	or other		cumulate	ed	(d) Boo	k valu	<u> </u>
	becomplied of property	basis (investr			(other)		reciation		, 2, 500	· · · aiu	-
12	Land	- ` ` 			. ,	-1-					
	Buildings										
2	Leasehold improvements										
4								 			
u	Equipment										

Schedule D (Form 990) 2022

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market valu
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.	5 000 D 1 N / I'	11 0 5 000 B 1 V E 10	
Complete if the organization answered "Yes" (
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description		(b) Book value
· · · · · · · · · · · · · · · · · · ·			· · ·
(1)			
. ,			
(2)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)	15)		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	,	: 11e or 11f. See Form 990. Part X. line 2	25.
(2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (,	· 11e or 11f. See Form 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	,	. 11e or 11f. See Form 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	,	. 11e or 11f. See Form 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) sal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2)	,	. 11e or 11f. See Form 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	,	11e or 11f. See Form 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	,	11e or 11f. See Form 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	,	11e or 11f. See Form 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	,	: 11e or 11f. See Form 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	,	: 11e or 11f. See Form 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) sal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	,	. 11e or 11f. See Form 990, Part X, line 2	25. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line eart X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	on Form 990, Part IV, line		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

OMB No. 1545-0047
2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection
Employer identification number

OR I	PHANS IN NEED					**_***	
Pa			ctivities Ou	tside the United States. Comple	ete if the organ	ization answered "	Yes" on
_	Form 990, Part I\						
1	=	~		ds to substantiate the amount of its gra			Yes X No
	the grantees' eligibility to	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance? L	Yes 🕰 No
2	For grantmakers, Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance out	side the
_	United States.		o organization o	procedures for mornicoling and use of ite	granto ana o	aror accionarios car	.0.00
3		he following Part	t I, line 3 table ca	an be duplicated if additional space is r	needed.)		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
		in the region	independent contractors	gram services, investments, grants to		e specific type	investments
			in the region	recipients located in the region)	of service	(s) in the region	in the region
							+
							+
							-
2 -	Subtotal	0	C				0.
	Total from continuation						1
a	sheets to Part I	0					0.
^	Totals (add lines 3a						•
C	and 3h)	0					0.

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)		(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)
		MIDDLE EAST AND NORTH AFRICA		0.		194,935.	WINTER KITS	воок
		SOUTH ASIA		0.		484 452	FOOD AND NFI WINTER KITS	воок
		SOUTH ASTA				404,452.	WINIER RIIS	Book
		SUB-SAHARAN						
		AFRICA		0.		1,258,765.	WINTER KITS	BOOK
2 Enter total number of	rocipiont organizatio	upe listed above that are	recognized as charities by the	foreign country	rocognized as a tay	,		
	nization by the IRS,	or for which the grantee	or counsel has provided a sec					

Part III Grants and Other Assistand			ates. Complete i	if the organization answered "Yes"	on Form 990, Par	t IV, line 16.	
Part III can be duplicated if a	(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)

_**

Schedule F (Form 990) 2022 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 Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization ORPHANS IN NEED USA **Employer identification number** **_****

Par	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu	•	te
		арріісавіс		Form 990, Part VIII, line 1g	Horicasii contriba	tion amount	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts Other (MEDICAL SUPPLIE)	X	0	1 000 335	FAIR MARKET	7/2 T.TT	<u> </u>
25 26	Other (Λ		1,000,000.	PAIN MARKET	VALUE	
20 27	Other ()						
28	Other (
<u>20</u> 29	Number of Forms 8283 received by the organiz	zation during	the tax vear for o	ontributions			
	for which the organization completed Form 828		•				
		oo,. a, _				Yes	No
30a	During the year, did the organization receive by	v contributio	on anv property rea	oorted in Part I. lines 1 throu	gh 28, that it		
	must hold for at least 3 years from the date of						
	exempt purposes for the entire holding period?	?	,	•		30a	Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contribu	itions?	31	X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,		
	describe in Part II.						

Schedule M	(Form 990) 2022 ORPHANS IN NEED USA	**_***** Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	and whether the organization ination of both. Also complete

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 for the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

ORPHANS IN NEED USA

Employer identification number **_*****

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THEIR PROFESSIONAL PROSPECTS FOR THE FUTURE. PROVIDE RELIEF FROM HUNGER AND THE STRESS THAT COMES WITH IT, ENABLING RECENT WIDOWS TO FOCUS ON FINDING INCOME TO SUPPORT THEIR FAMILIES, HELP EXISTING ORPHANAGE OWNERS THROUGH GRANTS TO IMPROVE THE STANDARD OF ACCOMMODATION AND LIVING FOR THE ORPHANS IN THEIR CARE. OFFER ACCESS AND FUNDING FOR MEDICAL CARE AND TREATMENT FOR THOSE THAT DON'T HAVE THE MEANS TO AFFORD IT. OINUSA IS A NON-PROFIT COMMITTED TO TRANSPARENTLY AND RESPONSIBILITY MANAGING ZAKAT FUNDS TO SUPPORT ORPHANS AND WIDOWS. OUR POLICY ENSURES THAT 100% OF ZAKAT DONATIONS GO DIRECTLY TO ELIGIBLE PROGRAMS. WE CONSULT ISLAMIC SCHOLARS TO ENSURE THAT THE COLLECTION AND DISTRIBUTION ALIGN WITH ISLAMIC PRINCIPLES, EXCEPT FOR A 0-8% FEE FOR AN ON-FIELD ZAKAT ADMINISTRATOR AS PERMITTED BY SHARIA LAW. ZAKAT WILL COLLECTED AND DISTRIBUTED WITHIN 12 MONTHS AND REGULAR REPORTS WILL BE PROVIDED.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AFFECTED BY POVERTY, OFFERING REGULAR FOOD PARCELS, FUNDING ACCESS TO EDUCATION, ESSENTIAL MEDICAL CARE, AND SUPPORTIVE AND CARING HOMES FOR ORPHANS THROUGH OUR ORPHANS VILLAGE PROJECT AND GLOBAL ORPHAN CARE.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE ORGANIZATION WAS FOUND IN 2021. THE MAJOR PROGRAMS INCLUDE EDUCATION PROGRAM, EMERGENCY PROGRAM, FOOD AID PROGRAM, HEALCARE PROGRAM, ORPHAN AND WIDOWS PROGRAM, OURBANI PROGRAM AND RELIGIOUS

PROGRAM STARTED FUNCTIONING IN 2022.

Schedule O (Form 990) 2022 Page 2

Name of the organization

ORPHANS IN NEED USA

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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER MAJOR PROGRAMS INCLUDE EDUCATION PROGRAMS, EMERGENCY PROGRAMS AND
RELIGIOUS PROGRAMS WHICH PROVIDES EDUCATION FUNDING, MEDICAL CARE AND
RELIGIOUS SUPPORT TO GLOBAL ORPHANS AND WIDOWS IN POVERTY.

EXPENSES \$ 680,513. INCLUDING GRANTS OF \$ 464,128. REVENUE \$ 928,034.

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

MANAGEMENT REVIEWS THE FORM 990.

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

THE ORGANIZATION HAD WRITTEN POLICY REGARDING CONFLICT OF INTEREST IN THIER HR HANDBOOK. ONGOING STAFF MEETINGS HELP COMMUNICATE THESE MATTERS

THROUGHOUT THE ORGANIZATION.

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

THE BOARD MEETS AT LEAST ANNUALLY TO DISCUSS THE COMPENSATION AND COMPARES

TO OTHER NON PROFITS DOING THE SAME TYPE OF WORK TO DETERMINE REASONABLE

SALARY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MO, NC, NH, NJ, NM, NY, OK, OR, PA, RI, SC

TN, UT, VA, WI, WV, CT

FORM 990, PART VI, SECTION C, LINE 18:

N/A

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

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** **_*** ORPHANS IN NEED USA N/A FORM 990 PART VII SECTION A WE INCORRECTLY LISTED ONE OF THE BOARD MEEMBERS AS SAMAN QUARASHI. IN REALITY IT SHOULD BE LISTED AS SOMAYYAH GHARIANI.

2022 Virginia Schedule 500ADJ

Corporation Schedule of Adjustments



Name as shown on Virgin	_{ia return} ORPHANS IN NEED USA	FEIN **_*****	* *
Use Schedule 500	DJS in addition to the Schedule 500ADJ if you a	are claiming more additions or subtractions than the Schedule	•
	er to the Form 500 Instructions for addition and s		
			Ц
Section A - Ad	ditions to Federal Taxable Income		
1. Fixed date confe	ormity addition - Depreciation	1	.00
		2.	-
		3.	
	and other taxes that are based on, measured by		
to net income		4	.00
5. Interest on state	obligations other than Virginia	5.	.00
6. Other Additions	Coc	do.	
See instructions	for addition codes.		
	6a.	6a	
	6b	6b	
	6c	6c	.00
		m 500, Line 2 7.	.00.
Section B - Su	btractions from Federal Taxable Inco	ome	
1. Fixed date confe	ormity subtraction - Depreciation	1	.00
		2.	
	ligations or securities of the U.S. exempt from st		
but not from fed	eral income taxes	3	.00
4. Foreign dividend		4. <u></u>	
		me 5	
6. Subpart F incon	ne (IRC § 951) and/or Global Intangible Low-Taxe	d Income (IRC § 951A) 6	.00
		02 C 8 7	.00
	ved from corporations in which the recipient own		••
		ome 8	.00
9. Other Subtraction	ons. See instructions for subtraction codes.		
	Certification Number Cod	le	
9a.		9a	.00
9b.		9a. 9b.	
9c.		9c.	
10. Total Subtracti	ons. Add Lines 1-8 and 9a-9c. Enter here and on	Form 500, Line 4 10.	
Section C - An			
		Il receive an additional refund or if you need to make an additional pay	ment.
•	d with original return plus additional tax paid after		
(Do not include	amount paid from Form 500, Line 20.)	1	.00
2. Add Line 1 from above and Line 16 from Form 500 and enter the total here			
3. Overpayment, if any, as shown on original return or as previously adjusted4. Subtract Line 3 from Line 2			.00.
	rrom Line 2 s less than Line 11 on amended Form 500, subtr		.00
		5	.00.
Line i i un alliei			.00
6. Refund. If Line	l 1 on amended Form 500 is less than I ine 4 abo		
	I1 on amended Form 500 is less than Line 4 aborn 500 from Line 4 above. This is the tax you ove	erpaid 6.	.00

Enclose an explanation for amending return. Provide the line reference from the Form 500 for which a change is reported and give the reason for each change. Show any computation in detail and enclose any applicable schedules.