EXTENDED TO NOVEMBER 15, 2024 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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	2023 calendar year, or tax year beginning	and	l ending	_			
В	Check if applicable	C Name of organization			D Employer identific	cation number		
	Addres	S ORPHANS IN NEED USA						
	Name change				**_***	**		
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone number	ſ		
	Final return/	11501 DUBLIN BLVD	,	200	202-210-	5331		
_	termin- ated	City or town, state or province, country, and a	ZIP or foreign postal code		G Gross receipts \$	6,104,162.		
Ļ	Ameno	DODDIN, CA J4500			H(a) Is this a group re			
	Applic tion pendir	a l · · ·	SOOR SAKHIY		for subordinates			
_		SAME AS C ABOVE			H(b) Are all subordinates in			
		empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	┨	list. See instructions		
	Websit		occiption Other	1. 1/	H(c) Group exemption			
	art I		sociation Other	L Year	of formation: ZUZI N	1 State of legal domicile: VA		
Г		Summary Briefly describe the organization's mission or most	-::e: CIIDD		DUANC TH TU	PTD		
ce	1	PERSONAL DEVELOPMENT, HELI	SIGNIFICANT ACTIVITIES: 5011	NEW	SKILLS AND	TMPROVE		
Activities & Governance	I .		tinued its operations or dispo					
Ver		Number of voting members of the governing body	•			6		
Ğ		Number of independent voting members of the gov	. , , , , , , , , , , , , , , , , , , ,			6		
88		Total number of individuals employed in calendar y			3			
vitie		Total number of volunteers (estimate if necessary)				0		
(ct j		Total unrelated business revenue from Part VIII, col				0.		
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11		7b	0.		
Revenue					Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)			3,725,825.	6,104,162.		
					0.	0.		
Re		Investment income (Part VIII, column (A), lines 3, 4,			0.	0.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			465.	0.		
		Total revenue - add lines 8 through 11 (must equal			3,726,290. 1,873,721.	6,104,162.		
		Grants and similar amounts paid (Part IX, column (A			1,0/3,/21.	4,654,609.		
	1	Benefits paid to or for members (Part IX, column (A			261,106.	226,244.		
Expenses	15	Salaries, other compensation, employee benefits (F Professional fundraising fees (Part IX, column (A), li			0.	0.		
ben	h	Total fundraising expenses (Part IX, column (D), line		39.				
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d,	,					
		Total expenses. Add lines 13-17 (must equal Part IX			2,971,192.	927,404. 5,808,257.		
	19	Revenue less expenses. Subtract line 18 from line			755,098.			
Net Assets or	3				ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)			1,019,553.	1,663,091.		
t As	21	Total liabilities (Part X, line 26)			72,156.	419,789.		
E S	22	Net assets or fund balances. Subtract line 21 from	line 20		947,397.	1,243,302.		
P	art II	Signature Block						
		Ities of perjury, I declare that I have examined this return,				/ knowledge and belief, it is		
true	e, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	hich preparer	has any knowledge.			
		Signature of officer			 Date			
Sig		-	ממטדמת המדמתור		Date			
He	re	MANSOOR SAKHIY, CHIEF EXE Type or print name and title	COTIVE OFFICER					
_		· · ·	Dranararia aignatura	П	Date Check	PTIN		
Pai	d	Print/Type preparer's name DAVID BAUM	Preparer's signature		.0/16/24 if self-employe			
	parer	Firm's name KELLY & COMPANY L			*_****			
	Only	Firm's address 1934 OLD GALLOWS 1		.0	I IIIII 3 LIIV			
	,	TYSONS CORNER, VA			Phone no 70	3-288-3303		
Ma	v the IF	RS discuss this return with the preparer shown abo			11 110110 110. 7 0	X Yes No		
	.,	a discuss this forall with the preparer shown abo						

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORGANIZATION WAS DEDICATED TO PROVIDING LONG-TERM, CONSISTENT
	SUPPORT TO ORPHAN CHILDREN AND THEIR FAMILIES IN NEED. OUR TEAMS ARE
	HERE TO ENSURE THE CHILDREN IN OUR CARE WILL GROW AND DEVELOP IN THEIR CONFIDENCE OVER TIME. OUR TEAMS ARE WORKING IN THE AREAS WORST
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,030,737 • including grants of \$ 2,030,737 •) (Revenue \$
	HEALTH CARE PROGRAM: THE ORGANIZATION RECEIVED MEDICAL EQUIPMENT AND
	SUPPLIES FROM THE DONOR AND REDISTRIBUTED THE DONATED EQUIPMENT AND
	SUPPLIES TO ORPHANS AND WIDOWS AROUND THE WORLD WHERE MOST NEEDED.
	065 021 574 050
4b	(Code:) (Expenses \$ 865,831. including grants of \$ 574,958.) (Revenue \$) ORPHAN & WIDOWS PROGRAM: THE ORGANIZATION RECEIVED PUBLIC SUPPORT WITH
	ONLINE AND OFFLINE DONATIONS DESIGNATED TO HELP ORPHANS AND WIDOWS
	AROUND THE WORLD. THE ORGANIZATION PROVIDES DIRECT AND INDIRECT
	MEDICAL, FOOD, HOME BUILDING AND OTHER SUPPORT TO GLOBAL ORPHANS AND
	WIDOWS IN NEED.
4c	(Code:) (Expenses \$ 1,170,118. including grants of \$ 1,038,439.) (Revenue \$)
	EMERGENCY PROGRAM: THE ORGANIZATION PROVIDES EMERGENCY SERVICES AND
	FIRST AIDS SUPPLIES TO GLOBAL ORPHANS AND WIDOWS WITH DESIGNATED GROUP.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,358,885 • including grants of \$ 1,010,475 •) (Revenue \$)
<u>4e</u>	Total program service expenses 5,425,571.
	Form 990 (2023)

Form 990 (2023) 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)?		х	
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		x
4	public office? If "Yes," complete Schedule C, Part I	3		
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? <i>If</i> "Yes," <i>complete</i>			
•	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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	140		
.5	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		X
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		X
	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?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			7,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2023) 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			77
	Schedule J	23		X
24 a	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			77
	Schedule K. If "No," go to line 25a	24a		X
	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			1
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	051		X
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	000		X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	07		X
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		21
20				
	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash 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		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	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			
-	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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		5c		21			
 c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit 								
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.		9a					
a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:	100						
	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		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b					
Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
excess parachute payment(s) during the year?								
	If "Yes," see the instructions and file Form 4720, Schedule N.				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									
			ı		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		6						
	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	1 b		6						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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	ne dire	ct 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 wa	as filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		. 5		X				
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	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,	stockh	olders, 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	ar by th	e following:							
а	The governing body?			8a	X					
b	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Revenu	e Code.)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the form?	11a	X					
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	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risc			12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	∕es," d	escribe							
	on Schedule O how this was done			12c	Х					
13	Did the organization have a written whistleblower policy?				Х					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approv									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?)								
а	The organization's CEO, Executive Director, or top management official			15a	Х					
	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 arrange	ment v	vith a							
	taxable entity during the year?			16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic									
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, E	L,G	A,HI,IL,K	S,KY	, MA	, MD				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a									
	for public inspection. Indicate how you made these available. Check all that apply.		. ()	. ,						
	X Own website Another's website X Upon request Other (explain	on So	chedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		,	and fina	ncial					
	statements available to the public during the tax year.		1 -7,	_						
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks ai	nd records							
=	MANSOOR SAKHIY - 202-210-5331		-							
	1660 INTERNATIONAL DR SUITE 600, MCLEAN, VA 22102)								

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

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

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

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

Check this box if neither the organization r		orga	aniza			npe	nsat				
(A)	(B)	(C) Position			(D)	(E)	(F)				
Name and title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated amount of other	
	hours per week		, unle cer ar					compensation from	compensation from related		
	(list any	ro						the	organizations	compensation	
	hours for	direct				ō		organization	(W-2/1099-MISC/	from the	
	related	tee or	stee			ensate		(W-2/1099-MISC/	` 1099-NEC)	organization	
	organizations	trus	nal tru		oyee	ompe		1099-NEC)		and related	
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer			organizations	
	line)	lp ul	Inst	Officer	Ke	Hig	윤				
(1) MANSOOR SAKHIY	40.00							116 020		•	
CEO	1 00	Х		Х				116,039.	0.	0.	
(2) ANIS MUSA	1.00	١		l						•	
PRESIDENT & CHAIR	1	Х		Х				0.	0.	0.	
(3) ZULEYHA KAYL	1.00	l									
BOARD TREASURER	1	Х						0.	0.	0.	
(4) SOMAYYAH GHARIANI	1.00	١								•	
BOARD MEMBER	1	Х						0.	0.	0.	
(5) JONAED AFZAL	1.00	l									
BOARD SECRETARY	1	Х						0.	0.	0.	
(6) ISMAIL VANIA	1.00	l									
BOARD MEMBER	1	Х						0.	0.	0.	
(7) VALERIE ANN SCARLL	1.00	l									
BOARD MEMBER		Х						0.	0.	0.	
		-									
		-									
		-									
		-									
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		\mathbf{I}									
	1	I	I	ı	I	ı	ı	l	I		

332007 12-21-23 Form **990** (2023)

Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees.	<u>, an</u>	a Hi	gne	st C	ompensated Employe	es (continuea)				
(A) Name and title	(B) Average hours per week	box,	not cl	heck ss pe	sition more than one erson is both an director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timated tount o	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)		s SC/	comp fro orga and	pensat om the anization I relate nizatio	on ed
		-											
			$ \cdot $										
1b Subtotal	<u> </u>	Ш	Ш	Ш	<u> </u>			116,039.		0.			0.
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								116,039. eceived more than \$100	,000 of reportab	1			
compensation from the organization											П	Yes	1 No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								phest compensated emp			3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	ompe	ensa	atior	n and	d otl	her compensation from	the organization		4		х
5 Did any person listed on line 1a receive or a	accrue compe	nsati	ion f	rom	any	unr/			dual for services		7		
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or su	ıch	pers	son .					5		X
Complete this table for your five highest co	=	-								npens	ation f	rom	
the organization. Report compensation for (A)	the calendar y	ear e	<u>endi</u> i	ng v	vith	or w	ithir 	n the organization's tax y (B)	/ear.		(C	1	
Name and business	address	NC	ONE	3				Description of s	ervices	С	omper	sation	J
2 Total number of independent contractors (i \$100,000 of compensation from the organi	-	ot lir	mited	d to	tho (se lis	stec	d above) who received m	ore than)(O) (o)	

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 6,104,162. similar amounts not included above ... 1g \$2,843,335. g Noncash contributions included in lines 1a-1f 6,104,162. 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) ______7c 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 and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 6,104,162. 0.

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).

Sect	ion 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	4,654,609.	4,654,609.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	116,059.		116,059.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	(2 245	E2 004	0.461	
7	Other salaries and wages	63,345.	53,884.	9,461.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	35,677.	22,979.	12,698.	
9	Other employee benefits	11,163.	1,833.	9,330.	
10	Payroll taxes	11,100.	1,000	7,330.	
11	Fees for services (nonemployees): Management				
	Legal				
	Accounting				
	Lobbying				
	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 O.)				
12	Advertising and promotion	380,384.	274,966.		105,418.
13	Office expenses				
14	Information technology	13,320.	9,860.	3,460.	
15	Royalties	4.4 055	10.505	2 500	
16	Occupancy	14,355.	10,626.	3,729.	
17	Travel	2,737.	2,026.	711.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to offiliates				
21 22	Payments to affiliates Depreciation, depletion, and amortization				
23	· · · · · · · · · · · · · · · · · · ·	1,321.	978.	343.	
23 24	Insurance Other expenses. Itemize expenses not covered	_, = , = .	2.00		
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	HANDLING & SHIPPING	194,316.	160,132.	34,184.	
b	POSTAGE & MAILING	136,885.	101,995.		34,890.
С	MERCHANT & CC FEES	66,528.	48,695.	17,833.	
d	CONSULTANT	56,500.	41,823.	14,677.	
е	All other expenses	61,058.	41,165.	9,762.	10,131.
25	Total functional expenses. Add lines 1 through 24e	5,808,257.	5,425,571.	232,247.	150,439.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (2023)
	0 10 01 00				

Form 990 (2023) Part X Balance Sheet

Ра	rt X	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,007,521.	1	1,592,430.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		12,032.	3	69,569.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, su	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	oed in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	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	. 10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, lin		12	1,092.	
	13	Investments - program-related. See Part IV, lir		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must e	qual line 33)	1,019,553.	16	1,663,091.
	17	Accounts payable and accrued expenses		11,656.	17	5,066.
	18	Grants payable	60,500.	18	414,723.	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complet	e Part IV of Schedule D		21	
es	22	Loans and other payables to any current or fo	ormer officer, director,			
Liabilities		trustee, key employee, creator or founder, su	ostantial contributor, or 35%			
jab		controlled entity or family member of any of the	nese persons		22	
_	23	Secured mortgages and notes payable to uni	elated third parties		23	
	24	Unsecured notes and loans payable to unrela	ted third parties		24	
	25	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
		of Schedule D		50 456	25	440 500
	26	Total liabilities. Add lines 17 through 25		72,156.	26	419,789.
ဟွ		Organizations that follow FASB ASC 958, or	heck here X			
ည		and complete lines 27, 28, 32, and 33.		104 220		105 055
ala	27			184,330.	27	105,957.
Ä	28	Net assets with donor restrictions		763,067.	28	1,137,345.
Š		Organizations that do not follow FASB ASC	958, check here			
F.		and complete lines 29 through 33.				
ţ	29	Capital stock or trust principal, or current fund			29	
SSE	30	Paid-in or capital surplus, or land, building, or			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		040 200	31	1 042 200
ž	32	Total net assets or fund balances		947,397.	32	1,243,302.
	33	Total liabilities and net assets/fund balances		1,019,553.	33	1,663,091.

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,10					
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,80	8,2 5,9				
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
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	1,24	3,3	02.			
Pa	rt XII Financial Statements and Reporting	•						
	Check if Schedule O contains a response or note to any line in this Part XII							
	· · · · · · · · · · · · · · · · · · ·			Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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 th	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?		. 3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b					

Form **990** (2023)

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

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 Inspection

OMB No. 1545-0047

Name of the organization

ORPHANS IN NEED USA

Employer identification number * * _ * * * * * *

			11110 11111							
Pa	rt I	Reason for Public	Charity Status.	(All organizations must o	omplete tl	his part.) S	See instructions.			
The	organ	ization is not a private found	dation because it is: ((For lines 1 through 12, o	heck only	one box.)				
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	on 170(b)(1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative)(b)(1)(A)(i	ii).			
4		A medical research organiz					-	the hospital's name.		
		city, and state:						,		
5		An organization operated for	or the benefit of a co	allege or university owner	d or opera	ted by a d	overnmental unit descri	ned in		
3	ш			mege of difficerally owner	a or opera	ited by a g	overninental unit descri	Jed III		
_		section 170(b)(1)(A)(iv). (C	-	and the second s		70/1-1/41/41	4.3			
6	$\overline{\mathbf{v}}$	A federal, state, or local go								
7	X	An organization that norma	•	antial part of its support i	rom a gov	ernmental	unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (C								
8	Н	A community trust describe								
9		An agricultural research org	ganization described	l in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a land-grant	college		
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of the collec	je or		
		university:								
10		An organization that norma	Illy 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 that	n 33 1/3% of its support	from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the organization	after June 30, 1975.		
		See section 509(a)(2). (Con	mplete Part III.)							
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclus	sively for the benefit of, to	perform	the function	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								
а		Type I. A supporting orga	* *			-		, aivina		
		the supported organization	· ·		•					
		organization. You must o		* * * * * * * * * * * * * * * * * * * *	,			-apportung		
b		Type II. A supporting org			tion with it	te sunnort	ed organization(s) by ha	avina		
		control or management o								
		-			arrie perso	ons mai co	official of manage the sup	oported		
_		organization(s). You mus			in connoc	tion with	and functionally integrat	ad with		
С		☐ Type III functionally inte	-				• •	ea with,		
		its supported organizatio		•						
d		☐ Type III non-functionally						` ,		
		that is not functionally int		• ,	•		•	riveness		
		requirement (see instruct	•	•						
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III			
		functionally integrated, or	• •	nally integrated support	ing organi	zation.				
f		er the number of supported o								
g		vide the following information						1		
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
Tota	al									
							i	i e		

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			211,387.	3,725,825.	6,104,162.	10,041,374.
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						
4	Total. Add lines 1 through 3			211,387.	3,725,825.	6,104,162.	10,041,374.
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.						10,041,374.
Sed	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4			211,387.	3,725,825.	6,104,162.	10,041,374.
8	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						10,041,374.
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	465.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	, fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						X
	ction C. Computation of Publ						
	Public support percentage for 2023 (14	<u>%</u>
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
4-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the fact				•	-	
1-	meets the facts-and-circumstances to	-			•	70 and line 15 is:	
O	10% -facts-and-circumstances tes						10% Of
	more, and if the organization meets the				-		
10	organization meets the facts-and-circ		-				
ΙÓ	Private foundation. If the organization	лт аю посспеск а	DUX OH IME 13, 16	oa, 100, 178, 01 170	, check this box a	na see instructions	<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	ction A. Public Support	clow, picase com	piete i art ii.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(=, == : :	(-,	(=, === :	(=, ====	(-,	(-)
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(3.) = 3.13	(5) 2525	(0) _ 0 _ 1	(.,, _ = = =	(5) = 5 = 5	(.,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third.	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here	· ·		,		. , . ,	
Se	ction C. Computation of Publ						
15	Public support percentage for 2023 (ine 8, column (f),	divided by line 13,	column (f))		15	%
16	Public support percentage from 2022	Schedule A, Part	: III, line 15			16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20	123 (line 10c, colui	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2023. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2022. If the						and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization						

_**

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		
	0-		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	vu		
	9b		
	0-		
	9c		
	100		
	10a		
	10b		
علىا	Δ (Forr	n 000	2023

Pa	rt IV Supporting Organizations (continued)			
	, and a second s		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in 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	_		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
' a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
c	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.	01.401.0	Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	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	ally integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990) 2023

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

Schedule A (Form 990) 2023

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** **_**** ORPHANS IN NEED USA Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 **_****

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or <i>F</i>	Accounts. Complete if the
-		(a) Donor advised	d 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 wi	-		
	are the organization's property, subject to the organization's ex			
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that gra	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	•		
D-	impermissible private benefit?			
Pa			s" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	`	1	
	Preservation of land for public use (for example, recreation	on or education) L	1	orically important land area
	Protection of natural habitat		Preservation of a cert	tified historic structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contrib	ution in the form of a c	Held at the End of the Tax Year
	day of the tax year.			
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic structure.			2c
a	Number of conservation easements included on line 2c acquire	• • • •		
2	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extilliguished, or i	terminated by the orga	mization during the tax
4	year Number of states where property subject to conservation ease	mont is located		
5	Does the organization have a written policy regarding the period		tion, handling of	
3	violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
Ū	Starrand Volunteer near devoted to monitoring, inspecting, in	arraning or violations, ar	ia emereng conservat	non describents defining the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and en	forcing conservation e	asements during the year
	Э, ··-р - · · · Э, · ·-р - · · · · · · · · · · · · · · · ·			
8	Does each conservation easement reported on line 2d above s	satisfy the requirements	s of section 170(h)(4)(B	s)(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 footnot		•	
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its reve	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education,	, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue	e statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or	r research in furtherand	ce 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 treas	sures, or other similar a	ssets for financial gain,	, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			•

	ODDITANA	TN NEED II					4.4		****		•
_	dule D (Form 990) 2023 ORPHANS TIII Organizations Maintaining C	IN NEED U		torical T	reacures or	Other				Pa	ige 2
3	Using the organization's acquisition, accessing									ieu)	
3		on, and other record	us, crieci	k arry or tire	e following triat	make sigi	iiiicani us	e oi its			
_	collection items (check all that apply).		. —			_					
а	Public exhibition	(change progran						
b	Scholarly research	•	• 📖	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how th	ney further	the organization	n's exemp	t purpose	in Par	t XIII.		
5	During the year, did the organization solicit o		-		•				_		,
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran	gements Comple	ete if the	organizatio	n answered "Ye	es" on Fo	rm 990, Pa	art IV, li	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an, or other interme	ediary for	contributio	ons or other ass	ets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	, 1	•	3						Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
							1e				
_	Distributions during the year						1f				
f O-	Ending balance								\ \ \		.
	Did the organization include an amount on Fo						<i>'</i>	🗀	Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Pai	t V Endowment Funds Complete if						Thron your	o book	(a) Four	ooro l	hook
		(a) Current year	(D) P	rior year	(c) Two years	Dack (a)	Tillee year	S Dack	(e) Four	years i	Dack
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 curr		ce (line 1	a column ((a)) held as:						
a	Board designated or quasi-endowment		%	9, 00.0	(4))						
b	Permanent endowment	%									
С											
0-	The percentages on lines 2a, 2b, and 2c sho			الملمط منتمات		4 41					
за	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are neid a	and administere	ea for the			Г	Yes	No
	organization by:									165	NO
	(i) Unrelated organizations?								3a(i)	_	
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	ired on S	chedule R	?				3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Pai	t VI Land, Buildings, and Equipm	ent									
	Complete if the organization answered	d "Yes" on Form 99	0, Part I\	/, line 11a.	See Form 990,	Part X, lin	e 10.				
	Description of property	(a) Cost or o	other	(b) Cos	t or other	(c) Accı	ımulated		(d) Book	value)
		basis (invest		. ,	(other)		ciation				
1a	Land	- ` ` 	-								
	Buildings										

Schedule D (Form 990) 2023

c Leasehold improvements
d Equipment
e Other

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

Part VII Investments - Other Securities Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
(1) Financial derivatives	(b) Book value	(e) method of valuation, deet of of	ia or your market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		
Part X Other Liabilities	5 000 B 1 W 1	11 110 5 000 5 17 5	_
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	•
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			+
(2)			+
(3)			+
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	- ((D))		1
Total. (Column (b) must equal Form 990, Part X, line 25, co			1
2. Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under		_	

Pai		venue per Audited Financial S		ie per Return	
		n answered "Yes" on Form 990, Part IV,		1 1	C 104 1C0
1	· ·	ipport per audited financial statements		1	6,104,162.
2	Amounts included on line 1 but no		1 - 1		
a		vestments			
b		ties			
С					
d					0
е	J				6,104,162.
3				3	0,104,102
4	Amounts included on Form 990, P		1.1		
а		d on Form 990, Part VIII, line 7b			
b			' <u>-</u>	4.	0
_		This word and Fame 000 Both line 1			6,104,162
5 Dai		. (This must equal Form 990, Part I, line 1 penses per Audited Financial S			
Га		n answered "Yes" on Form 990, Part IV,	-	ses per netu	
1		dited financial statements		1	5,808,257.
	Amounts included on line 1 but no			······	3,000,237
2			2a		
a		ties			
b					
d					
			•	2e	0.
3					5,808,257
4	Amounts included on Form 990, P				-,,
а	•	d on Form 990, Part VIII, line 7b	4a		
b					
			<u> </u>	4c	0.
		c. (This must equal Form 990, Part I, line			5,808,257.
	rt XIII Supplemental Inform		,		
ines	2d and 4b; and Part XII, lines 2d ar	nd 4b. Also complete this part to provide	any additional information.		
		-			

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	e of the organization					Employer identi	fication number
ORE	PHANS IN NEED	IISA				**_***	* *
Par			ctivities Ou	tside the United States. Comple	ate if the organ	ization answered "	Ves" on
ı uı	Form 990, Part IV			tolde the officed otates. Comple	te ii tile organ	ization answered	res on
1	•	•	n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance.	
				the selection criteria used to award the			Yes X No
		· ·					
2		ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance ou	tside the
	United States.						
3				an be duplicated if additional space is r			(0 T))
	(a) Region	(b) Number of offices	employees.	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
		in the region	l accente and	gram services, investments, grants to		specific type	for and
			contractors	recipients located in the region)		(s) in the region	investments in the region
			in the region				III the region
							+
							
	Subtotal	0	С				0.
b	Total from continuation	_	_				
	sheets to Part I	0	C				0.
С	Totals (add lines 3a	_	_				_
	and 3b)	0	C				0.

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

Schedule F (Form 990) 2023

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

_*

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,		0.		423,301.	WINTER KITS	воок
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,					FOOD AND NFI	
		BHUTAN, INDIA,		0.		663,171.	WINTER KITS	воок
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,		0.		2,756,694.	WINTER KITS	воок

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

³ Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

_*

Schedule F (Form 990) 2023 (Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

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** **_***

Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribut amounts reported Form 990, Part VIII, lii	on		(d) Method of determi cash contribution a	-	is
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	Х		1,1	55.	FAIR	MARKET VA	LUE	
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	A male and a site of a stiff and a								
25	Other (MEDICAL SUPPLIE)	X	0	2 030 7	37.	FATR	MARKET VA	TJUE	
26	'			2703077	" "		111111111111111111111111111111111111111		
27	Other () Other ()								
	·								
<u>28</u> 29	Other () Number of Forms 8283 received by the organi	ization durin	a the tax year for a	ontributions					
29	for which the organization completed Form 82								
	for which the organization completed Form 62	200, Fait V, L	Donee Acknowledg	jement 28	<u>, </u>			Vaa	Na
00-	Desire the second of the consequent of the least to be			and the Book I. Book 4	41			Yes	No
30a	During the year, did the organization receive b						at it		
	must hold for at least 3 years from the date of		•	•					v
	exempt purposes for the entire holding period	l?					30a		Х
	If "Yes," describe the arrangement in Part II.	p :							v
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?			31		Х			
32a	contributions?		_				32a		х
h	If "Yes," describe in Part II.								
D									
33	If the organization didn't report an amount in odescribe in Part II.	column (c) fo	r a type of propert	y for which column (a)	is che	cked,			

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

Schedule M (Form 990) 2023

Schedule M	(Form 990) 2023 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

2023

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

BE 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 4D, OTHER PROGRAM SERVICES:

OTHER MAJOR PROGRAMS INCLUDE EDUCATION PROGRAMS, FOOD AID PROGRAMS AND

RELIGIOUS PROGRAMS WHICH PROVIDES EDUCATION FUNDING, MEDICAL CARE, FOOD

SUPPLIES AND RELIGIOUS SUPPORT TO GLOBAL ORPHANS AND WIDOWS IN POVERTY.

EXPENSES \$ 1,358,885. INCLUDING GRANTS OF \$ 1,010,475. REVENUE \$ 0.

Schedule O (Form 990) 2023 Page **2**

Name of the organization ORPHANS IN NEED USA	Employer identification number
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 THES	SE MATTERS
THROUGHOUT THE ORGANIZATION.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD MEETS AT LEAST ANNUALLY TO DISCUSS THE COMPENSA	TION AND COMPARES
TO OTHER NON PROFITS DOING THE SAME TYPE OF WORK TO DETER	RMINE 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:	
N/A	