Form	990
Form	990

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2021
Open to Public
Inspection

Α	For the	e 2021 cal	endar year, or tax year beginning , and	d ending			
В	Check if a	applicable:	C Name of organization ICNA RELIEF USA PROGRAMS INC		D Em	ployer identi	fication number
x	Address	change	Doing business as				
	NI		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	e	04-38	810161	
	Name ch	ange	1529 JERICHO TPK		E Tele	ephone numbe	er
	Initial retu	urn	City or town State ZIP code		516-	727-7622	>
	Final return	n/terminated	NEW HYDE PARK NY 11040-		510-	121-1022	2
			Foreign country name Foreign province/state/county Foreign po	ostal code			
<u> </u>	Amendeo	d return			G Gro	ss receipts \$	43044954.
	Applicatio	on pending	F Name and address of principal officer: MAQSOOD AHMAD	H(a) is	this a group	return for subordi	nates? Yes X No
			1529 JERICHO TPK, NEW HYDE PARK, NY 11040	H(b) A	re all subo	ordinates inclu	ided? Yes No
		mpt status:				ich a list. See	
				21			
			/.ICNARELIEF.ORG	<b>H(c)</b> C	aroup exen	nption number	r 🖻
Κ	Form of	organizatio	n: X Corporation Trust Association Other ► L	Year of for	mation:	MS	State of legal domicile:
F	Part I	Su	nmary				
	1			O PROV	IDE FO	DOD, MEI	DICINES,
ŝ		-	ING, SHELTER AND OTHER HUMANITARIAN HELP TO TH				
Dar			DISABLED AND DESTITUDE INDIVIDUALS WITHIN THE				
ē	2		his box <b>•</b> if the organization discontinued its operations or dispo				s net assets
ő	3		of voting members of the governing body (Part VI, line 1a)				15
ୖ୶	4		of independent voting members of the governing body (Part VI, line 12).				15
es	5		mber of individuals employed in calendar year 2021 (Part V, line 2a)			5	246
Vit	6		mber of volunteers (estimate if necessary)				2500
Activities & Governance	7a		related business revenue from Part VIII, column (C), line 12				2300
	b		elated business taxable income from Form 990-T, Part I, line 11.			. 7a 7b	
	U	net unit		<u>· · · ·</u>	Prior Y		Current Year
	8	Contribu	itions and grants (Part VIII, line 1h)			828823.	43015489.
Revenue	9		nservice revenue (Part VIII, line 2g)	•	41	020023.	43013409.
Ver	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)				29465.
R,	11		ent income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				29403.
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).		11	828823.	43044954.
	13		and similar amounts paid (Part IX, column (A), lines 1–3)		41	020023.	43044934.
	14		paid to or for members (Part IX, column (A), line 4)				
	4-		other compensation, employee benefits (Part IX, column (A), line 4).		7	286590.	7120220
Ses	16a		onal fundraising fees (Part IX, column (A), line 11e)		/	200390.	7130239.
en en	loa b		ndraising expenses (Part IX, column (A), line 11e)				
Expenses	b 17		penses (Part IX, column (A), lines $11a-11d$ , $11f-24e$ ).		27	899341.	30278683.
_	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25).			185931.	37408922.
	19		e less expenses. Subtract line 18 from line 12			642892.	5636032.
5		nevenu				G42892.	End of Year
Net Assets or Fund Relances	20	Total as	sets (Part X, line 16)	Degi		597130.	18153068.
Assi	21		bilities (Part X, line 26)			220603.	35891.
Net	22		ets or fund balances. Subtract line 21 from line 20			376527.	18117177.
	art II		nature Block	•	12	570527.	1011/1//
			y, I declare that I have examined this return, including accompanying schedules and stat	tements an	d to the he	est of my know	vledae
			ect, and complete. Declaration of preparer (other than officer) is based on all information	,		,	8
0:			(A)		1	1/04/20	22
Się	-		Signature of officer			Date	
He	re	- N	MAQSOOD AHMAD CH	EO			
			Type or print name and title	_ •			
		Prin	t/Type preparer's name Preparer's signature	Da	ate		PTIN
Ра	id					Check	if
	eparer	YAS	IR MUKHTAR	11	/04/202		
	e Only		's name  YASIR PROFESSIONAL SERVICES		Firm's E	EIN 🕨 83-2	2600507
00			's address ▶ 380 N BROADWAY SUITE JERICHO NY	Y 1175	3 Phone r	no. ——	
Ma	v tha IC		s this return with the preparer shown above? See instructions				. Yes X No
ivid	y une ir						

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Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		. X
1	Briefly de	scribe the organization's mission:		
	TO PRO	VIDE FOOD, MEDICINES, CLOTHING, SHELTER AND OTHER HUMANITARIAN		
	HELP TO	D THE NEEDY, POOR, SICK, DISABLED AND DESTITUDE INDIVIDUALS		
	WITHIN	THE UNITED STATES.		
2		rganization undertake any significant program services during the year which were not listed on		
	•	Form 990 or 990-EZ?	. Yes	X No
	,	describe these new services on Schedule O.		
3		rganization cease conducting, or make significant changes in how it conducts, any program		
		`	Yes	X No
		describe these changes on Schedule O.		
4		the organization's program service accomplishments for each of its three largest program service		
		s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and al	locations to othe	rs,
	the total e	expenses, and revenue, if any, for each program service reported.		
4a		) (Expenses \$16370904 . including grants of \$) (Revenue	\$	)
		PREVENTION		
		ELIEF STRIVES TO FIGHT HUNGER THROUGH A NETWORK OF HUNGER		
		TION PROGRAMS DESIGNED TO MEET THIS PRESSING NEED IN OUR		
		ITIES. THE COVID-19 PANDEMIC ALSO SURGED THE DEMAND FOR FOOD DUE		
		REASED UNEMPLOYMENT RATES. WEEKLY MOBILE FEEDING PROGRAMS		
	REACH 1	IHOSE WHO ARE AT MOST NEED, MEETING THE HOMELESS CRITERIA, POOR		
	ON THE	STREET WITH A HOT MEAL.		
46	Codor	) (Even many $\Phi$ 2004265 including grants of $\Phi$ ) (Devenue	<u> </u>	<u> </u>
4b		) (Expenses \$2884365. including grants of \$) (Revenue SERVICES	Φ	)
		EDICAL SERVICES FOR THOSE WHO DO NOT QUALIFY FOR STATE SPONSORED		
	HFALTH	INSURANCE AND/OR CAN NOT AFFORD TO PURCHASE PRIVATE INSURANCE.		
		SERVICES DEPARTMENT STRIVES TO EMBODY IN EVERY SINGLE ASPECT OF		
		WORK i.e. MENTAL, FINANCIAL AND SOCIAL WELLNESS. IN ADDITION,		
		19 PANDEMIC CAUSED A SURGE IN NEED FOR PSYCHOSOCIAL HELP		
		JENTLY, HAND IN HAND WITH TELEMEDICINE, THERE WAS LARGE SCALE		
		PMENT PUT IN PLACE FOR TELE THERAPY LINES IN SEVERAL STATES.		
4c	(Code:	) (Expenses \$ 273443. including grants of \$ ) (Revenue	\$	)
		FAMILY SERVICES- MFS		
	MFS DEI	FINES THE CORE VALUES AND OPERATIONAL THEMES THAT THE MUSLIM		
	FAMILY	SERVICES DEPARTMENT STRIVES TO EMBODY IN EVERY SINGLE ASPECT OF		
	THEIR N	WORK i.e. MENTAL, FINANCIAL AND SOCIAL WELLNESS. IN ADDITION,		
	COVID-	19 PANDEMIC CAUSED A SURGE IN NEED FOR PSYCHOSOCIAL HELP		
	SUBSEQ	JENTLY, HAND IN HAND WITH TELEMEDICINE, THERE WAS LARGE SCALE		
	DEVELO	PMENT PUT IN PLACE FOR TELE THERAPY LINES IN SEVERAL STATES.		
4d		gram services (Describe on Schedule O.)		
	(Expense		)	
4e	Total prog	gram service expenses        35040147.		
				~~~

Form 990 (2021) ICNA RELIEF USA PROGRAMS INC

Par	Checklist of Required Schedules		Vee	Na
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors ? See instructions	2	Δ	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		21
U	candidates for public office? If "Yes," complete Schedule C, Part I.	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	•		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II			х
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	-		<u> </u>
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	446		v
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		х
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
00	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
-	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of the state of th	21		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Par	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period exception in the second bonds beyond a temporary period excepting exception in temporary period excepting excep	240		
U	to defease any tax-exempt bonds?	24c		
h	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
		24u		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		37
	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		Х
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 Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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	
35a	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		
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			
30	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	х	
Par		30	Λ	
ı al	Check if Schedule O contains a response or note to any line in this Part V		I	
		• •	Yes	No
1-	Enter the number reported in box 2 of Form 1006. Enter 0, if not applicable		res	NO
1a ⊾	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4 -		
	reportable gaming (gambling) winnings to prize winners?	1c		

2a         Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax         2a         2.46           Statements, field of the calendary area oniging with or within the vacar covered by this returns?         2b         x           Note: If the sum of lines 1 and 2a is granted than 250, your way be required to <i>effic.</i> See instructions.         3a         Did the organization have unrelated business grass income of \$1,000 or more during the year?         3a         Xa           1         Wase: The suit field Form 90-1 for this year?         3a         Xa         Xa           4         At any time during the calendar year, did the organization have an integer 1. for a signature or other authority or stription and account in a foreign country (such as a back account, securities account, or other linencial account)?         4a         X           5         Wase the organization aparty to a prohibited tas shelter transaction at any time organization aparty to a prohibited tas shelter transaction at any time organization activa any originuo file regulation in the set of the organization include with every solicitation an express statement that such contributions or glib were not tax deductible?         5a         Xa           6         Does the organization necked a payment in oxess of 375 made parity as a contributions or glib were not tax deductible?         7a         7a           7         Organization necked a payment in account as organization necked a shell retransaction at any time outry to a prohibited as chanials onothing tho organization necked a payment in access of 375 made par		90 (2021) ICNA RELIEF USA PROGRAMS INC 04-381	.016	1 Р	Page 5
Statements, filed for the calendar year ending with or within the year covered by this return.       2a       2 dot         Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.       3a       X         In Ott the organization have unrelated builsness greas income of \$10.000 rmme during the year?       3a       X         If 'Yes,' has it file a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0.       3b       X         If 'Yes,' has it file a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0.       3b       X         If 'Yes,' enter the name of the foreign country (such as a bark accound), escurities account), or other instructial account)?       X       X         If 'Yes,' enter the name of the foreign country (such as a bark accound), escurities account), or other instructial account)?       X       X         ID d'an yuzable party notify the organization that it was or is a party to a prohibuted tax shelt remaschor?       Se       X         ID 'Yes,' full the organization have an unal gross corpits that are normally greater than \$100,000, and did the organization shelt any corributions that were not tax deductible as cheltative contributions?       Se       X         If 'Yes,' full the organization netwer solut as debut express statement that such contributions?       Se       X         If 'Yes,' full the organization netwer solut action and party to a prohibited tax shelt exprestatemaschano?       Se       Z	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
b       If at least one is reported on line 2a, did the organization file all required tedral employment tax returns?.       2b       X         30       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         31       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3b       X         34       M 'Yes, 'has it filed 3 congen, outry (such as a back account, socurits account, or other financial account)?       4a       X         44       At any time during the calendar year. (did the organization have an interest in, or a signature or other unhould be a signature or other unhould be account)?       4a       X         4a       Was the organization acting to a prohibited fax shelter transaction at any time during the tax year?       5a       X         5a       Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any combubuted where not tax deductible as charlable contributions or glb swere on tax adouctible as charlable contributions or glb swere on tax adouctible?       5a       X         7       Organizations plot any combubuter. That necessol 37 made party as a contribution and partly for goods and services provided 10 the payer?       7a       7a         7       Organization neceve a payment in excessol 375 made party as a contribution and partly for goods and services provided 10 the payer?       7a       7a         7       Org	2a				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-thic. See instructions.         Image: Comparization have unrelated builtings greater than 250, you may be required to e-thick.         Image: Comparization have unrelated builtings greater than 250, you may be required to e-thick and the comparization have an interest in, or a signature or other authority over the financial account) in a foreign country (such as a bank account, securities account, or other financial account)?         Image: Comparization have and the organization have an interest in, or a signature or other authority over the financial account)?         Image: Comparization have and the organization have an interest in a signative to provide an explanation and accounts (FEAR).         See instructions for fining requirements for FinCeN Porm 114, Report of Foreign Bank and Financial Accounts (FEAR).         See instructions for fining requirements for FinCeN Porm 114, Report of Foreign Bank and Financial Accounts (FEAR).         See instructions for fining requirements for fince Porm 8868-17.         See instructions for fining requirements for the very solicitation and party to a proparization solicit any contributions that were not tax deductible as charitable contributions or grints were not tax deductible?         See instructions of fining requirements for the very solicitation and express statement that such contributions or grints were not tax deductible?         See instructions for fining receive apayment in excess of \$75 made party as a contribution and party for groads and services provided to the payor?         See instructions and any the donor of the value of the organization finit is fore as a sequence of the payor and the very solicitation perform 30 and services provided to the payor?         See instruction as a sequit as a prime during the year.         Te d					
3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       x         3b       TY Set, has it field a Form 990-T for the year?       I'' Net, has it field a Form 990-T for the year?       3b         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other unknown year, a financial account; or other financial financial account; or	b		2b	Х	
b       If Yes," has it field a Form 990-T for this yes? If Y0a" to fine 30, provide an explanation on Schedulo 0       3b         d       At any time during the calendary year, differed the organization have an interest in, or a signature or other authority over.       4s         If Yes," fourth cale account in a foreign country b.       See instructions for Illing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FDAR).       5a         5a       Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?       5a       ×         b       Drd any taxable party notify the organization file Form 8866-T?.       5a       ×       5a       ×         6       Does the organization shear annual gross crecipts that are normally greater than \$100,000, and did the organization include with every solication an express statement that stuch contributions or gifts were not tax deductible?       6a       ×         7       Organizations that my receive deductible contributions under section 170(c).       6b       7a       7a         0       Did the organization notice with every solication and party to a prohibited tax sheller contributions or gifts were not tax deductible?       7b       7b       7c         0       Organization stuth grow preceive deductible contributions under section 170(c).       7a       7a       7a         1       Yess, 'idd the organization nothe were wereal sobasta contribution and party for productan seqt					
4a At any time during the calendar year, did the organization have an interest in, or a signature or other automity over, a financial account in oregine country (such as a bank account, second, second, or other financial account)?       4a       x         b       If Yes," enter the name of the foreign country (such as a bank account, second, accounts (FBAR).       5a       x         5a       Was the organization a party to a prohibibed fax sheller transaction at any time during the tax year?       5a       x         5b       Ut any taxable party notify the organization file form 8806 T?.       5a       x         6a       Does the organization solid any contributies that were not tax deductible as charitable contributions of gins were not tax deductible as charitable contributions of gins were not tax deductible as charitable contributions of gins were not tax deductible as charitable contributions or gins were not tax deductible as charitable contributions or gins were not tax deductible?       6a       x         7       Organization receive a payment in verses of 357 made party as a contribution sor gins were not tax deductible?       7a       7a         7       Did the organization notify the chare of the value of the goods or services provided?       7a       7a         8       M 'Yes," idit the organization makes an indirecity or indirecity, to a personal benefit contract?       7b       7c         9       Did the organization receive any function indirecity or indirecity or indirecity, on a personal benefit contract?       7c       7d	3a				Х
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       4a       x         b If Yes, 'onter the name of the foreign country b       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         5a Was the organization a party to a prohibited tas shelter transaction at any time during the tax year?       5a       x         5b Did any taxable party notify the organization file form 8886-17.       5c       5c       x         6 Dress the organization include where annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were normally greater than \$100,000, and did the organization solicit any contributions that were normally greater than \$100,000, and did the organization and party the very solicitation an express statement that such contributions or glifts were not tax deductible?       6a       x         0 If Yes, 'did the organization notify the donor of the value of the goods or services provided?       7a       7b         0 If the organization notify the donor of the value of the organization foreiders any time during the services to the reganization receive any torus, directly or indirectly, to any personal benefit contract?       7c       7d         0 If Yes, 'indicate the number of Forms 8282 field during the year.       7d       7d       7d         0 If the organization counce any taxe dispose of tangible personal property for which it was required to fine Form 82827.       7d       7d	b		3b		<b></b>
b       H*Yes,* enter the name of the foreign country -       See instructions for filling equirements for FIGEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR).         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       x         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       x         b       Dif vestion 5a or 5b, did the organization the form 8808-17.       5c       5c         c       Distribution shell any contributions shalt were not tax deductible as chantable contributions?       6a       x         f)       T*See,* did the organization include with were y solicitation an express statement that such contributions or diffs were not tax deductible?       7a       7a         f)       Organization solicit any controbutions shalt were not tax deductible?       7a       7a         f)       Organization receive a payment in excess of \$75 made party as a contribution and party for yolicit it was required to file Form 3282?       7a       7a         f)       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       7a         f)       Did the organization receive a contribution of qualified inellectual property, for which it was required?       7a       7a         f)       Did the organization receive a contribution of q	4a				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Eank and Friancial Accounts (FBAR).         50       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       x         50       Did any taxable party notify the organization file Form 8866-17.       5c       5c         6       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include will wervy solicitation an express statement that such contributions?       6a       x         11 "Yes." of the organization include will wervy solicitation an express statement that such contributions or glifts were not tax deductible?       6b       x         02 ons the organization receive a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the payor?       7a       7b         02 off the organization notify the donor of the value of the goads or services provided?       7a       7c         02 off the organization receive a payment in excess of 375 made partly as a contribution contract?       7c       7d         11 "Yes." indicate the number of Forms 2822 filed during the year.       7d       7d       7d         12 Types, "indicate the number of Forms 2822 filed during the year.       7d       7d       7d         11 "Yes." indicate the number of Forms 2822 filed during the year.       7d       7d       7d       7d       7d       7d <th></th> <th></th> <th>4a</th> <th></th> <th>Х</th>			4a		Х
5s       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         5c       If "Yes" to line 5a or 5b, did the organization file Form 8886-T?       5c       5c         5c       So       So       So       So         6u       organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         7       Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       7a         7       Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       7a         7       Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       7a         7       Did the organization receive a any funds, directly or indirectly or a donor advisor or related fund maintained by the sponsoring organizations make any taxable distributions under section 4966?       7a       7a         7       Did the organization make advisor busins included on Part VIII, line 12.       7a       7a       7a         7       Did the organization make any taxable distributions under section	b				
b) Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c) If "Yes" to line 5a or 5b, did the organization file Form 8886-T?       5c       5c         c) Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions for gifts were not tax deductible as charitable contributions or gifts were not tax deductible?       6a       X         b) If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contribution and party for goods and services provided to the payor?       7a       7a         b) If "Yes," did the organization neceive a payment in excess of \$75 made partly as a contribution and party for goods and services provided to the payor?       7a       7a         c) Did the organization receive a payment in excess of \$75 made partly as a contribution and party for goods and services provided to file Form 8282?       7c       7a         c) Did the organization notify the donor of the value of the goods or services provided?       7c       7a         c) Did the organization receive any function (and gined) or indirectly, to pay premiums on a personal benefit contract?       7a         c) Did the organization receive any function cars, bas, anjanes, or other vehicles, did the organization receive any function cars, bas, anjanes, or other vehicles, did the organization receive any function cars, bas, anjanes, or other vehicles, dift bas off and 10980-C?       7a	_		_		
c       H*Yes* to line 5a or 5b, did the organization file Form 8886-T?       5c         6a       Does the organization solicit any contributions that were not tax deductible as charitable contributions?       5c         7a       TYes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible ?       6a       X         7b       Drganization solicit any contributions that were not tax deductible as charitable contributions?       6b       6a         7       Organization select any control to receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       7a         7b       H*Yes,* did the organization notify the donor of the value of the goods or services provided?       7a       7a         7c       If *Yes,* indicat the number of Forms 8282 filed during the year.       7d       7d         7c       If the organization receive a any thrue during the year.       7d       7d         7d       If the organization receive a contribution of qualified inflexula property, duit the organization fiele Torm 8282 filed during the year?       7d         7d       If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization fiele Torm 1098-C?       7h         7d       If the organization make any taxable distributions rule as contributions file a form 1098-C?       7h					
6a       Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       x         If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       x         Organization status deductible?       6b       6a       x         Organization receive a payment in excess of \$75 made partly as a contribution and partly tor goods and services provided to the payor?       7a       7b         D If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor?       7c       7c         D If the organization receive a quark directly or indirectly, to pay premiums on a personal benefit contract?       7c       7c         If "Yes," indicate the number of Forms 8282 filed during the year.       7d       7d       7d         If the organization receive a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a form 1098-C?       7t       7d         If the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a form 1098-C?       7t         If the organization make a distribution such and uring the year?       8       9         Sponsoring organizations. Enter:       10a       10a       10b         Section 501(c(1/2) organizations. Enter:					Х
organization solicit any contributions that were not tax deductible as charitable contributions?       6a       x         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?       6b         7       Organizations that may receive adeductible contributions under section 170(c).       7b       7c         8       Did the organization receive a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the payor?       7a       7b         c       Did the organization sell, exchange, or otherwise dispose of tanjble personal property for which it was required to file form 8282?       7c       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year.       7d       7d         9       Did the organization received a contribution of qualified intellecula property, did the organization file form 8282?       7c       7t         11       the organization received a contribution of qualified intellecula property, did the organization file a form 1089.C?       7h       7t         12       fifthe organization received a contribution of valied funds. Did a doora advised funds.       7d       7t         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9a       9a         13       Section 501(c)(7) organizations. Enter:	-		5C		
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7 Organizations that may receive deductible contributions under section 170(c).       10 dithe organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a         b       It "ves," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d         c       Did the organization receive any function, directly, to pay premiums on a personal benefit contract?       7fi         c       Did the organization receive any function of qualified intellectual property, did the organization file Form 1039.C.7         d       If "Yes," indicate the number of Forms 8282 filed during the year?       7d         g       If the organization receive any function of qualified intellectual property, did the organization file Form 1039.C.7         f       Did the organization maintaining donor advised funds.       8         sponsoring organizations maintaining donor advised funds.       9b       9b         Did the sponsoring organizations. Enter:       10a       10a         a       Initiation feesand capital constrates therelotes and the any time dural to thereson constrating the sponsoring organizatio	6a				
gifts were not tax deductible?     6b       7     Organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?     7a       7     Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?     7a       7     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c       9     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c       9     The organization receive a contribution of cast, boats, airplanes, or other vehicles, did the organization file a contribution of cast, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       8     Sponsoring organizations maintaining doorn advised funds.     Did the sponsoring organizations maintaining doorn advised funds.       9     Sponsoring organizations maintaining doorn advised funds.     9a       9     Sponsoring organization make any taxable distributions under section 4966?     9a       9     Did the sponsoring organizations maintaining doorn advised funds.     10b       11     Section 501(c)(7) organizations. Enter:     10a       11     Section 501(c)(2) organizations. Enter:     11a       12     Section 501(c)(2) organizations. Enter:     11a       13     Section 501(c)(2) organizations. Enter:     11b <t< th=""><th></th><th></th><th>6a</th><th></th><th>Х</th></t<>			6a		Х
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 services provided to the payor?.       7a         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization notify the donor of the value of the goods or services provided rowice?       7c         d       If "Yes," did the organization notify the donor of the value of the goods or services provided rowice?       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year.       7d         f       Did the organization receive a orgunds, directly or indirectly, to pay premiums on a personal benefit contract?       7c         f       Did the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7d         f       fithe organization make and stributions under section 4966?       9a         g       Sponsoring organizations make a distribution to a donor dylosed funds.       9a         g       Did the sponsoring organization make a distribution to a donor dylose or related persor?       9b         f       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or reserves for on the manues of using a mathelife in thelectual proservi.       10a	b		ch		
a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a         b       ff "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization notify the donor of the value of the goods or services provided?       7c         c       Did the organization notify the donor of the value of the goods or services provided?       7c         d       fr "Yes," indicate the number of Forms 8282 filed during the year       7c         d       fr "Yes," indicate the number of Forms 8282 filed during the year       7c         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8299 as required?       7f         f       Th the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1086-C?       7h         Sponsoring organization make any taxable distributions under section 4966?       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Section 501(c)(7) organizations. Enter:       10a       10a         11       Section 501(c)(7) organizations. Enter:       11a       10a         12       Section 501(c)(7) organizations included on Part VIII, line 12, or public use of club facilities .       <	-	-	60		
and services provided to the payor?       7a         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?.       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?.       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year.       7d       7c         d       If "the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       7g         f       If the organization received a contribution of qualified intellectual property, did the organization file Form 8299 as required?       7f       7g         f       If the organization received a contribution of qualified intellectual property, did the organization file Form 8299 as required?       7g       7h         f       If the organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         go the sponsoring organizations. Enter:       10a       10b       10b       10b         section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         section 501(c)(2) organizations. Enter:       11a       10b       10b       10b         section 501(c)(2) organizations. Enter:       11b					
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year.       7d         e       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7d         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7d         f       H the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         Sponsoring organization maintaining donor advised funds.       7h       7h         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9b       Did the sponsoring organization make a distribution to a donor, donor advised funds.       9b         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a       10a         10b       Sponsoring organization. Enter:       10b       10b       10b         a       Gross income from dher sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a </th <th>a</th> <th></th> <th>70</th> <th></th> <th></th>	a		70		
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year.       7d       7e         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       7f         g       If the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f       7g         h       If the organization received a contribution of qualified intellectual property, did the organization file Form 8399 as required?       7h       7g         h       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       7g         Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund anintained by the sponsoring organization make a ruly time during the year?       8         9       Sponsoring organization make a ruly taxable distributions under section 4966?       9a       9b         10       Bection 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b       11a       10b       10b       11a       10b       11b       12a       11b       12a	h				
required to file Form 8282?       7c         d If "Yes," indicate the number of Forms 8282 filed during the year.       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f Ib e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f         g If the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f         g If the organization receive any funds, directly or indirectly, and a personal benefit contract?       7f         g If the organization receive any funds, directly or indirectly, and a personal benefit contract?       7f         g If the organization receive any funds, directly or indirectly, and a personal benefit contract?       7f         g If the organization make any taxable distributions, or divised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         g If the sponsoring organization make any taxable distributions under section 4966?       9a         g Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       10a         g Gross income from other sources (Do not net amounts due or paid to other sources against amounts for eorganization is required to maintain filling Form 990 in lieu of Form 1041?       12a         l If "Yes," enter the amount of tax-exempt interest received or accrued during the year?       13a			70		
d       If "Yes," indicate the number of Forms 8282 filed during the year.       Td         e       Did the organization receive any funds, directly or indirectly, to pay premiums on personal benefit contract?       Te         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Tr         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?         A       If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organizations. Enter:       10a         a       Initiation fees and capital contributions. Included on Part VIII, line 12.       10a         10       Section 501(c)(7) organizations. Enter:       10b       10b         a       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       11b         12a       Section 501(c)(12) organizations. Enter:       11a       11b       12a         13       Section 501(c)(12) organizations. Enter:       11a       11b       12a         14       Section 501(c)(12	Ŭ		70		
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7d         g       If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7d         g       If the organization received a contribution of qualified intellectual propert, did the organization file a Form 1098-C?         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund anintained by the sponsoring organization make any taxable distributions under section 4966?       7n         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a         1       Section 501(c)(7) organizations. Enter:       11a         a       Gross income from members or shareholders.       11b         12       Section 501(c)(2) organizations.       11a         13       Section 501(c)(2) organizations.       11b         12a       Section 501(c)(2) organizations.       11a         13       Section 501(c)(2) organizations.       11b         14a       <	d		10		
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization m889 as required?       7d         h       If the organization received a contribution of qualified intellectual property, did the organization m889 as required?       7d         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make as usual to a donor advised funds.       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make a distribution to a donor, donor advised funds.       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         12       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         13       Section 501(c)(29) qualified interest received or accrued during the year       12a       12a         14       Mitterest meanue of tax-exempt interest received or accrued during the year       12a       12a         15       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a <th></th> <th></th> <th>7e</th> <th></th> <th></th>			7e		
g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         10       Bection 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a         b       Gross income from members or shareholders.       10b         11       Section 501(c)(12) organizations. Enter:       10b         a       Gross income from members or shareholders.       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       12b         12a       Section 501(c)(2) gualified nealth insurance issuers.       12b         13       Section 501(c)(20) gualified health plans in more than one state?       13a         14       13b       13a         15       Section 501(c)(20) gualified health plans.       13b         16 <th>-</th> <th></th> <th></th> <th></th> <th></th>	-				
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       11b         12       Section 601(c)(12) organizations. Enter:       11b       12a         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 900 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14       Did the organization is licensed to issue qualified health plans .       13b       13c       13a         14       Did the organization nor sterves	g		7g		
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a         b       Gross included on Form 990, Part VIII, line 12, for public use of club facilities       10b         c       Section 501(c)(12) organizations. Enter:       10a         a       Gross income from members or shareholders       11b       12a         b       Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         l       If "Yes," enter the amount of reserves the organization is more than one state?       13a       13a         l       Section 501(c)(29) qualified nonprofit health plans in more than one state?       14a       14a         l       If "Yes," has it filed a Form 720 to report these payments? If "N	-				
9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       9b         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         a       Gross income from members or shareholders       11a       11b       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health plans in more than one state?       12b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       14a         15       Is the		sponsoring organization have excess business holdings at any time during the year?	8		
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       10b         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         14       Twes," enter the amount of tax-exempt interest received or accrued during the year       13a       13a         14       Did the organization licensed to issue qualified health plans in more than one state?       13a       13a         14       Did the organization receive any payments for indoor tanning services during the tax year?       14a       14a         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or ex	9	Sponsoring organizations maintaining donor advised funds.			
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12. for public use of club facilities.       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b         a       Gross income from members or shareholders.       11a       10b       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11a       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c       14a       14a       14a         14       Did the organization receive any payments for indoor tanning services during the tax year?       14a       14b       14b       14b       14b	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       a       10a         a       Gross income from members or shareholders .       11a       10b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b		9b		
b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b         11       Section 501(c)(12) organizations. Enter:         a       Gross income from members or shareholders	10				
11       Section 501(c)(12) organizations. Enter:       Image: section 301(c)(12) organization an educational institution subject to the section 4966 excise tax on net investment income?.       Image: section 401(1) organization subject to the section 4966 excise tax on net investment income?.       Image: section 401(1) organization subject to the section 4966 excise tax on net investment income?.       Image: section 401(1) organization organization income?.       Image: section 401(1) organization forganization income?.       Image: section 401(1) organization income?.       Image: section 401(1) organization organization income?.       Image: section 401(1) organization an educational information the organization must report on Schedule O.       Image: section 401(1) organization income?.       Image: section 400(1) organization an educational institution subject to the section 4968 excise tax on net investment income?.       Image: section 400(1) organization an educational institution subject to the secti	а				
a       Gross income from members or shareholders       11a       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       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.       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16			-		
b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?.       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         c       Enter the amount of reserves on hand.       13b       13c         c       Enter the amount of reserves on hand.       13c       14a         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.       14a         b       If "Yes," see the instructions and file Form 4720, Schedule N.       15       x         16       x       If "Yes," complete Form 4720, Schedule O.       16       x					
against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       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.       13b       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       14a         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year .       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X			-		
12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	D				
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year	100		100		
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       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.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16         16       If "Yes," complete Form 4720, Schedule O.       16       X			12a		
a       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.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16					
Note: See the instructions for additional information the organization must report on Schedule O.       Image: 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			13a		
b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X	-				
the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       14a         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       15       X       15         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X	b				
<ul> <li>14a Did the organization receive any payments for indoor tanning services during the tax year?</li></ul>		the organization is licensed to issue qualified health plans			
<ul> <li>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b</li> <li>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year</li></ul>	С	Enter the amount of reserves on hand			
<ul> <li>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year</li></ul>	14a		14a		
excess parachute payment(s) during the year	b		14b		<b> </b>
If "Yes," see the instructions and file Form 4720, Schedule N.       If "Yes," see the instructions and file Form 4720, Schedule N.         If "Yes," complete Form 4720, Schedule O.       If "Yes," complete Form 4720, Schedule O.	15				ĺ
16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		excess parachute payment(s) during the year	15		Х
If "Yes," complete Form 4720, Schedule O.		If "Yes," see the instructions and file Form 4720, Schedule N.			
	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
		If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
			17		Х
If "Yes," complete Form 6069.		If "Yes," complete Form 6069.			

Form 9	90 (2021) ICNA RELIEF USA PROGRAMS INC 04-38			Page 6					
Par	t 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. S								
	Check if Schedule O contains a response or note to any line in this Part VI	• •	•••	Х					
Sect	ion A. Governing Body and Management		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b>		165	NO					
·u	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									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with								
-	any other officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct	•							
л	supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3 4		X X					
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	4 5		X					
6	Did the organization become aware during the year of a significant diversion of the organization's assets :	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	•							
	one or more members of the governing body?	7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	stockholders, or persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during								
	the year by the following:								
a		8a	X						
ь 9	Each committee with authority to act on behalf of the governing body?	8b	Х	<u> </u>					
9	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х					
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue (		)						
			Yes	No					
-	Did the organization have local chapters, branches, or affiliates?	10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,								
11.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	V	<u> </u>					
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	Х						
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 rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"								
	describe on Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	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 approval by								
9	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official.	15a	Х						
b	Other officers or key employees of the organization	15a	X	<u> </u>					
2	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement								
	with a taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard								
0	the organization's exempt status with respect to such arrangements?	16b							
<u>Sect</u> 17	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	on 501	(c)						
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		(-)						
	X Own website Another's website Upon request Other (explain on Schedule C	))							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy	',						
• -	and financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	ICNA RELIEF USA PROGRAMS INC 516-727-76 1529 JERICHO TPK NEW HYDE PARK NY 11040-								

Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
	Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII	🔲
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	k
Form 990 (2021)	ICNA RELIEF USA PROGRAMS INC	04-3810161 Page <b>7</b>

**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, 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 nor any related organization compensated any current officer, director, or trustee.

			(0	C)						
(A)	(B)	Positio (do not check mo					ono	(D)	(E)	(F)
Name and title	Average	box,	unles	ss pe	erson	is both	n an	Reportable	Reportable	Estimated amount
	hours per week	officer and a director/trustee) 요 코 코 이 조 및 프 강						compensation from the	compensation from related	of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(4) MAGGOOD ANNED	10					ä				
(1) MAQSOOD AHMED CEO	40			Х				96333.	0	0
(2) ABDUL RAUF	40									
<u>C00</u>				Х				87500.	0	0
(3) SUMAIRA AFZAL	2									
BOARD MEMBER		Х						0	0	0
(4) HAIDER IMAM	2									
BOARD MEMBER		Х						0	0	0
(5) HASHIM BADAT BOARD MEMBER	2	х						0	0	0
(6) NAJM UL HAQ	2									
BOARD MEMBER		Х						0	0	0
(7) HANIF HARRIS	2									
BOARD MEMBER		Х						0	0	0
(8) DURRE SHAHWAR	2									
BOARD MEMBER		Х						0	0	0
(9) AMIN JIBRIL	2									
BOARD MEMBER		Х						0	0	0
(10) SHAHID MANSOOR	2									
BOARD MEMBER		Х						0	0	0
(11) MUZAFFAR HUSSA	2									_
BOARD MEMBER		Х						0	0	0
(12) M ARIF	2								_	_
BOARD MEMBER	_	Х						0	0	0
(13) ABDUL LATIF	2	_								
BOARD MEMBER		Х						0	0	0
(14) TAHIR SALEEM	2									
BOARD MEMBER		Х						0	0	0

Pa	rt VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employees (cc	ntinue	əd)	
						C)							
	(A)	(B)	(do r	not cl		ition more	e than (	one	(D)	(E)		(F)	
	Name and title	Average	box, unless person is bo officer and a director/tru					n an	Reportable	Reportable		ated am	ount
		hours per week				IIrect	or/trus no ⊥	tee)	compensation from the	compensation from related		of other npensatio	on
		(list any hours for	ndivi.	nstitu	Officer	ey e	ighe mplo	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/		from the nization a	and
		related	ecto	Ition	4	inple	st cc oyee	er	1099-NEC)	1099-NEC)		l organiza	
		organizations below	Individual trustee or director	Institutional trustee		oyee	ompe						
		dotted line)	ie e	Istee			Highest compensated employee						
							led						
(15)	INAYET RAZZACK	2											
BOAR	D MEMBER		Х										
	MAAZ HASAN	2											
-	D MEMBER		Х										
(I/) BOAF	MAAZ SIDDIQUI D MEMBER	۷	х										
			Λ										
<u></u> /													
(19)													
(20)													
(0.1)													
(21)			-										
(22)													
(==)													
(23)													
(24)													
(0.1)								-					
(25)			-										
1b	Subtotal								183833.				
c	Total from continuation sheets to Part VII, S							•	100000.				
d	Total (add lines 1b and 1c).							►	183833.				
2	Total number of individuals (including but not I	imited to those						eiv	ed more than \$1	00,000 of			
	reportable compensation from the organization	ו 🕨										1	
•				1								Yes	No
3	Did the organization list any <b>former</b> officer, dir employee on line 1a? If "Yes," complete Sche										3		Х
л											5		Λ
4	For any individual listed on line 1a, is the sum the organization and related organizations gre												
	individual						•				4		Х
5	Did any person listed on line 1a receive or acc										-		
J	for services rendered to the organization? If "										5		Х
Sect	ion B. Independent Contractors	, 1										1	
1	Complete this table for your five highest comp												
	compensation from the organization. Report co	ompensation for	r the	cale	enda	ar ye	ear er	ndir	ig with or within	the organization	ı's tax	year.	
	(A) Name and business add	ress							(B) Description of ser		(C) Comper		
		1000							Description of Sel		Jomper	Janui	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

	990 (20		SA PROGRA	MS IN	IC			04-3	8810161 Page <b>9</b>
Par	t VIII	Statement of Reven	ue						
		Check if Schedule O co	ntains a res	ponse o	r note to any line	in this Part VIII.			
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
20	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		. 1b					
ာဋိ	С	Fundraising events		1c					
r A Ifts	d	Related organizations		1d					
, s ii S ii	е	Government grants (contril		1e	265368.	_			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts							
her		similar amounts not include		. 1f	42750121.	-			
Ξđ	g	Noncash contributions inclu							
a Co		lines 1a-1f				40015400			
-	h	Total. Add lines 1a-1f .			Business Code	43015489.			
ø	2a				Dusiness Odde				
Ξ,	b								
Ser	c								
εş	d								
- Res	e								
Program Service Revenue	f	All other program service r							
	g	Total. Add lines 2a-2f			🕨				
	3	Investment income (includi	ing dividend	s, intere	st, and				
		other similar amounts)				29465.	29465.		
	4	Income from investment of	•	•					
	5	Royalties							
	<b>6</b> -	Ourses much		Real	(ii) Personal	-			
	6a b	Gross rents	6a 6b			-			
	c	Rental income or (loss)	6C			-			
	d	Net rental income or (loss)							
	7a	- , , ,		curities	(ii) Other				
		sales of assets							
		other than inventory	7a						
ne	b	Less: cost or other basis							
Other Revenue		and sales expenses	7b			_			
Å.	-	Gain or (loss)	7c						
ler	d	Net gain or (loss) Gross income from fundrai	 aina	· <u>· ·</u>	<u></u>				
ŧ	oa	events (not including \$	sing						
		of contributions reported of	n line 1c)						
		See Part IV, line 18		8a					
	b	Less: direct expenses		8b					
	с	Net income or (loss) from f	undraising e	vents.	🕨				
	9a	Gross income from gaming							
		See Part IV, line 19		9a					
		Less: direct expenses		9b					
		Net income or (loss) from g		itie <u>s.</u>	<u> •</u>				
	10a	Gross sales of inventory, le							
		returns and allowances .				-			
		Less: cost of goods sold .							
<i>(P</i> )	C	Net income or (loss) from s	ales of Inve	nory.	Business Code				
Miscellaneous Revenue	11a								
cellaneo Revenue	b								
ella Xe	c								
S R S	d	All other revenue							
ĬŽ	е	Total. Add lines 11a-11d.							
	12	Total revenue. See instruc				43044954.	29465.		

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

Statement of Functional Expenses

following SOP 98-2 (ASC 958-720) . .

#### Check if Schedule O contains a response or note to any line in this Part IX . . . . . . . . (C) (D) (A) (B) Do not include amounts reported on lines 6b, 7b, Fundraising Total expenses Program service Management and 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 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 Benefits paid to or for members . . . . . . . . . 5 Compensation of current officers, directors, trustees, and key employees . . . . . . . . . . . . 181557. 181557. Compensation not included above to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . 7 5926786 5439036. 112596. 375154. Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) . . 38411. 9 548730 455446. 54873. 10 473166. 411894. 23532. 37740. 11 Fees for services (nonemployees): 75078 29631 41008 4439. b С Professional fundraising services. See Part IV, line 17. . . е f Investment management fees . . . . . . . . . . . . Other. (If line 11g amount exceeds 10% of line 25, column g (A), amount, list line 11g expenses on Schedule O.) . . . . . Advertising and promotion . . . . . . . . . . . . 12 157856. 55055. 102801. 13 1105889. 313910. 791979. 14 15 16 1623030 1623030 17 280983 215100. 17560 48323. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . 475757. 19 Conferences, conventions, and meetings . . . . 627757 6500. 145500. 20 21 Depreciation, depletion, and amortization . . . . 22 241697 241697. 23 474015. 474015. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a COMMUNITY ASSISTANCE 24097987. 24097987. **b** CONTRACTUAL SERVICES 469252. 372657. 96595 C REPAIR AND MAINTENANCE 662716. 662716. d MISCELLANEOUS 462423. 413913. 37896. 10614. e All other expenses \_\_\_\_\_ Total functional expenses. Add lines 1 through 24e . 37408922. 35040147. 717219. 1651556. 25 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

Form 990 (20	21)
Part X	

art X	Check if Schedule O contains a response or note to any line in this Part >	<b>K</b>		
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash—non-interest-bearing	11249471.	1	1426569
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	20
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a				
	other basis. Complete Part VI of Schedule D 10a 3401234.			
b	Less: accumulated depreciation 10b 1108180.	2347659.	10c	229305
11	Investments—publicly traded securities		11	159412
12	Investments—other securities. See Part IV, line 11		12	
13	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	13597130.	16	1815306
17	Accounts payable and accrued expenses	1220603.	17	3589
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17–24). Complete			
	Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25.	1220603.	26	3589
	Organizations that follow FASB ASC 958, check her			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	12376527.	27	1811717
28	Net assets with donor restrictions	12570527.	28	1011/1/
20	Organizations that do not follow FASB ASC 958, check here		20	
	and complete lines 29 through 33.			
27 28 29 30 31 32 33	Capital stock or trust principal, or current funds		29	
29 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
3U 24			30	
31	Retained earnings, endowment, accumulated income, or other funds	1007/507		1011015
32	Total net assets or fund balances	12376527.	32	1811717
33	Total liabilities and net assets/fund balances	13597130.	33	1815306 Form <b>990</b> (20

Form 990 (2021) ICNA RELIEF USA PROGRAMS INC
Part XI
Reconciliation of Net Assets

Par	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	43	30449	954.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37	4089	922.
3	Revenue less expenses. Subtract line 2 from line 1	3		56360	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12	23765	527.
5	Net unrealized gains (losses) on investments	5		1046	518.
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	18	31171	L77.
Par	XII Financial Statements and Reporting			ŕ	
	Check if Schedule O contains a response or note to any line in this Part XII	• •	<u> </u>	r Ť	
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.		-	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?.		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain o Schedule O.	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. <b>3a</b>		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		Х

Form 990 (2021)

SCHEDULE	ļ
(Form 990)	

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

**Open to Public** Department of the Treasury Inspection Go to www.irs.aov/Form990 for instructions and the latest information. Internal Revenue Service Employer identification number Name of the organization ICNA RELIEF USA PROGRAMS INC 04-3810161 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. С d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. f Provide the following information about the supported organization(s). g (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

OMB No. 1545-0047

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.)

	tion A. Public Support	-	r	1	1	1	T
Cale	ndar year (or fiscal year beginning in) 📃 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
		17383870.	19756977.	27228209.	41828823.	43015489.	149213368.
2	Tax revenues levied for the						
	organization'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						
4	organization without charge	17303070	10756077	27228208	11000000	12015199	149213368.
	Ū	1/3030/0.	19730977.	27220209.	41020023.	43013409.	149213300.
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						149213368.
	tion B. Total Support						19210000.
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
							149213368.
8	Gross income from interest, dividends,	1,0000,00			11020020.	10010105.	1100100.
•	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources					29465.	29465.
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						149242833.
12	Gross receipts from related activities, etc. (s					12	
13	First 5 years. If the Form 990 is for the org						ri
	organization, check this box and <b>stop here</b>						🕨 📘
Sec	tion C. Computation of Public Su	pport Percenta	age				
14	Public support percentage for 2021 (line 6, c	olumn (f), divided b	by line 11, column	(f))		14	99.98%
15	Public support percentage from 2020 Sched	ule A, Part II, line 1	4			15	100.00%
16a	33 1/3% support test-2021. If the organization						
	and stop here. The organization qualifies as	a publicly support	ed organization .				🕨 🗙
b	<b>33 1/3% support test—2020.</b> If the organization dualified box and <b>stop here.</b> The organization qualified						
17a	10%-facts-and-circumstances test-2021	. If the organizatior	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	ļ.	. <u></u>
	10% or more, and if the organization meets	s the facts-and-circ	cumstances test, c	heck this box and	stop here. Explai	n in	
	Part VI how the organization meets the facts		-				
	organization						· · · Þ
b	10%-facts-and-circumstances test—2020						
	15 is 10% or more, and if the organization in Part VI how the organization meets the fa						
	organization		-				
18	<b>Private foundation.</b> If the organization did r						F
10	instructions						
		<u> </u>					· · · · <b>F</b>

	EDULE D n 990)	Complete if	nental Financia the organization answered 7, 8, 9, 10, 11a, 11b, 11c, 11	l "Yes" on Form §	990,	OMB No. 1545-0047
•	ment of the Treasury I Revenue Service		<ul> <li>Attach to Form 990</li> <li>Form990 for instructions</li> </ul>	).		Open to Public Inspection
Name	of the organization				Employer identi	fication number
ICN		USA PROGRAMS INC			04-38101	
Part		ions Maintaining Donor A			ids or Accou	ints.
	Complete i	f the organization answere				
	<b>-</b>		(a) Donor advised	funds	<b>(b)</b> Fu	inds and other accounts
1		end of year				
2 3		contributions to (during year) grants from (during year)				
4		at end of year				
5		tion inform all donors and don	or advisors in writing that	the assets held	in donor advis	ed
•		ganization's property, subject				
6		tion inform all grantees, donoi	-	-		
		e purposes and not for the be				
	conferring imper	missible private benefit?				Yes No
Part	Conservat	tion Easements.				
		f the organization answere				
1		nservation easements held by				
	Preservation of	of land for public use (for example	e, recreation or education)	Preservatio	on of a historica	ally important land area
	Protection of	f natural habitat		Preservatio	on of a certified	historic structure
	Preservation	n of open space				
2		a through 2d if the organization	on held a qualified conser	vation contributi	on in the form	of a conservation
		e last day of the tax year.				Held at the End of the Tax Year
а	Total number of	conservation easements			. <b>2a</b>	
b		stricted by conservation ease				
C		ervation easements on a certil			<b>2</b> C	
d		ervation easements included i				
•		listed in the National Registe				
3		ervation easements modified,	transierred, released, ext	inguisried, or ter	minated by the	e organization during
4	the tax year	s where property subject to co	nservation easement is lo			
5		zation have a written policy re			n handling of	
·	•	nforcement of the conservatio			•	Yes No
6		r hours devoted to monitoring, ins				
•	•			-,		
7	Amount of expense	es incurred in monitoring, inspecti	ng, handling of violations, an	d enforcing conse	rvation easemer	nts during the year
	▶ \$					
8	Does each conse	ervation easement reported of	n line 2(d) above satisfy th	ne requirements	of section 170	0(h)(4)(B)( <u>i)</u>
	and section 170(	(h)(4)(B)(ii)?........				Yes No
9		ribe how the organization rep				
		nd include, if applicable, the t		organization's fir	ancial stateme	ents that describes the
Devi		counting for conservation eas		<b>T</b>		
Part	-	ions Maintaining Collection	-		Other Simila	ar Assets.
1a		f the organization answere on elected, as permitted under				and balance sheet
Ia	U	orical treasures, or other simil	,	•		
		rovide in Part XIII the text of the				
h	• •	on elected, as permitted under				
	-	orical treasures, or other simil				
		rovide the following amounts r	-			
		uded on Form 990, Part VIII, I				▶ \$
	(ii) Assets includ	ed in Form 990, Part X				▶ \$
2		on received or held works of a				al gain, provide the
		ts required to be reported und				
а		ed on Form 990, Part VIII, line				▶ \$
		in Form 990, Part X				▶ \$
	aperwork Reduction	on Act Notice, see the Instruction	ons for Form 990.			Schedule D (Form 990) 2021
BCA						

Part III       Organizations accession, and other records, check any of the following that make significant use of its collection items (check all that apply): <ul> <li>□ Provide a constraint on accession, and other records, check any of the following that make significant use of its collection items (check all that apply):       <ul> <li>□ Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill.</li> <li>□ During the year, did the organization's collections of art, historical treasures, or other similar assests to be soft or raise funds rather than to be maintained as part of the organization's collection?</li> <li>□ Yess' exempt purpose in Part Xill.</li> <li>□ During the year, did the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.</li> <li>□ Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?</li> <li>□ No</li> <li>□ If "Yes," explain the arrangement in Part XIII and complete the following table:</li> <li>□ Ending balance.</li> <li>□ □ Ending ba</li></ul></li></ul>	Sched	ule D (Form 990) 2021 ICNA RELIEF US	SA PROGRA	AMS I	NC			04	4-3810	)161	Page <b>2</b>
collection items (check all that apply):       d       Loan or exchange program         a       Provide a description of future generations       Other         c       Preservation for future generations       Other         c       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill.         5       During the year, dd the organization solid or receive donations of art, listorical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IV       Escrow and Custodial Arrangements.       Complete if the organization answerd Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part Xill and complete the following table:       Yes       No         b       If "yes," explain the arrangement in Part XIII and complete the following table:       Image: treat treat treat the year.       Image: treat	Part	III Organizations Maintaining Colle	ctions of Ar	t, Histo	rical Tre	asures, or C	Other	Similar Asse	ts (contir	nued)	
a       □ Public exhibition       d       □ can or exchange program         b       □ Scholarly research       e       □ Other	3	Using the organization's acquisition, access	sion, and other	r records	, check ar	ny of the follow	wing th	nat make signific	cant use o	of its	
b       Scholarly research       e       Other         c       Preservation for future generations         Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?       Ives       No         PartIV       Escrow and Custodial Arrangements.       Complete if the organization answered 'Ves' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Ives       No         990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ives       No         b       If 'Yes.* explain the arrangement in Part XIII and complete the following table:       Ives       Amount       Ives       No         c       Additions during the year.       Id       <		collection items (check all that apply):			_						
c       Preservation for future generations         Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar asserts to be sold to raise funds rather than to be maintained as part of the organization's collection?	а	Public exhibition		d	Loan or	exchange pro	ogram				
c       Preservation for future generations         Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar asserts to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research		е	Other						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to rake funds rather than to be mainlained as part of the organization acceleration's collection?	с	Preservation for future generations									
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ives       No         Is       Is the organization an agent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ives       No         Is       Beignning balance.       1d       Ives       Amount         2       Both during the year.       1d       Ives       No         3       Bit Pres, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Ves       No         4       Additions during the year.       (a) Ourent year       (b) Prior year       (c) Two years back (d) Three years back (d) Four years back       (d) Four years back         2       Did the organization answered "Yes" on Form 990, Part IV, line 10.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Ives in the atrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Ives in the atrangement in Part XIII. Pres and balance (in the part All the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Be	-	Provide a description of the organization's of	collections and	l explain	how they	further the or	ganiza	ition's exempt p	urpose in	Part	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         b       If "Yes," explain the arrangement in Part XIII and complete the following table:         c       Additions during the year.         d       Additions during the year.         e       Distributions during the year.         a       Distributions during the year.         a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes." explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part Y       Endomment Funds.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         fa       Beginning of year balance.         b       Contributions.         c       (a) Current year         for Contributions s.       (b) Prior year         c       Other expenditures for facilities and programs.         and programs.       0.00 %.         c       Term endowment P.       0.00 %.         c       Term endowment P.       0.00 %.         c       Term endowment P.       0.00 %.	5								Ye	es	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         b       If "Yes," explain the arrangement in Part XIII and complete the following table:         c       Additions during the year.         d       Additions during the year.         e       Distributions during the year.         a       Distributions during the year.         a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes." explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part Y       Endomment Funds.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         fa       Beginning of year balance.         b       Contributions.         c       (a) Current year         for Contributions s.       (b) Flor year         c       Other expenditures for facilities and programs.         and programs.       0.00 %.         c       Term endowment P.       0.00 %.         c       Term endowment P.       0.00 %.         c       Term endowment P.       0.00 %.	Part	V Escrow and Custodial Arrangem	ents.								
Included on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete in the arrangement in Part XIII and complete the following table:       Image: Complete in the arrangement in Part XIII and complete the following table:         c       Beginning balance.       Image: Complete in the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Complete in the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Complete in the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Complete in the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Complete in the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Complete in the arrangement in Part XIII.       Image: Com		Complete if the organization answe		n Form 9	990, Part	IV, line 9, o	r repo	rted an amour	nt on For	m	
b       If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li>Image: Complete in the arrangement in Part XIII and complete the following table:</li> <li>Image: Complete in the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.</li> <li>Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.</li> </ul> Part V         Endowment Funds.         Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Image: Contributions Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Image: Contributions Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Image: Contributions Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Image: Contributions Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Image: Contributions Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Image: Contributions Complete if the organization and programs complete in the arrangement is complete if the organization by: Contributions complete in the arrange of the current year end balance (line 1g, column (a)) held as: <ul> <li>Board designated or quasi-endowment Control (Control (Co</li></ul>	1a	Is the organization an agent, trustee, custo	dian or other ir	ntermedi	ary for co	ntributions or	other a	assets not			
c       Beginning balance .       Image: Construction of the second sec	h								Ye	es	No
d Additions during the year.       1d         e Distributions during the year.       1d         1e       1e         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         Part V       Endowment Funds.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         a Beginning of year balance.       (a) Current year         b Contributions       (a) Current year         c Net investment earnings, gains, and losses.       and losses.         and losses.       and parameter.         g End of year balance.       0.000 %.         g End of year balance. </th <td>U</td> <td></td> <td>n and complet</td> <td></td> <td>owing tab</td> <td><i>.</i></td> <td></td> <td></td> <td>Amount</td> <td></td> <td></td>	U		n and complet		owing tab	<i>.</i>			Amount		
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e       Distributions during the year.       1e         f       Ending balance.       11         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes X       No         bit "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.	d						10	k			
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves X       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       No         Part V       Endowment Funds.       (a) Current year       (b) Prior years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Contributions       (b) Current year       (c) Two years back       (e) Four years back         1a       Contributions       (b) Current year       (c) Two years back       (e) Four years back         1a       Contributions       (c) Two years back       (e) Four years back       (e) Four years back         1a       Grants or scholarships       (c) Two years back       (e) Four years back       (e) Four years back         1a       Grants or scholarships       (c) Two years back       (e) Four years back       (e) Four years back         1a       Hard Secondary       (f) Three yeansity       (f) Four years back <td>е</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>16</td> <td>9</td> <td></td> <td></td> <td></td>	е						16	9			
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Current year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Current year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c)       (c) Two years back       (d) Three years back       (e) Four years back         e       Other expenditures for facilities and programs       (c)       (c)       (c)       (c)         g       End of year balance       (c)       (c)       (c)       (c)       (c)         g       End of year balance       (c)       (c)       (c)       (c)       (c)         g       End of year balance       (c)       (c)       (c)       (c)       (c)       (c)         g       End of year balance       (c)       (c)       (c)       (c)       (c)	f	Ending balance					1	f			
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Current year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Current year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c)       (c) Two years back       (d) Three years back       (e) Four years back         e       Other expenditures for facilities and programs       (c)       (c)       (c)       (c)         g       End of year balance       (c)       (c)       (c)       (c)       (c)         g       End of year balance       (c)       (c)       (c)       (c)       (c)         g       End of year balance       (c)       (c)       (c)       (c)       (c)       (c)         g       End of year balance       (c)       (c)       (c)       (c)       (c)	2a	Did the organization include an amount on	Form 990. Par	t X. line	21. for es	crow or custo	dial ac	count liability?	Υe	es X	No
Part V       Endowment Funds.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance.       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years       (f) Hore year       (f) Four years       (f) Four year       (f) Four year       (f) Four year       (f) Fouryear       (f) Four year		-						-			_
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         a       Beginning of year balance       (a) Current year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (a)       (a)       (a)       (a)       (a)         d       Grants or scholarships       (a)       (a)       (a)       (a)       (a)         d       Grants or scholarships       (a)       (a)       (a)       (a)       (a)         d       Grants or scholarships       (a)       (a)       (a)       (a)       (a)         d       Grants or scholarships       (a)       (a)       (a)       (a)       (a)         g       End of year balance       (a)       (a)       (a)       (a)       (a)       (a)         g       End of year balance       (b)       (b)       (b)       (c)       (c)       (c)       (c)       (c)       (c)	-				planatori		naca		· · ·		
1a       Beginning of year balance	rait		orod "Voe" or	Eorm (	000 Part	IV line 10					
1a       Beginning of year balance							hack	(d) Three years ba	ck (e) Ec	ur vears	back
b       Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         e       Other expenditures for facilities and programs       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions	1a		ourion your	(5)	or your	(c) i ilo youro i	buok	(4) 11100 youro bu		ui youro	buok
c       Net investment earnings, gains, and losses											
and losses       and losses       and losses       and losses       and losses         e       Other expenditures for facilities and programs       and programs       and programs       and losses         f       Administrative expenses       and programs       and losses       and losses       and losses         g       End of year balance       and losses       and losses       and losses       and losses         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment logses       and losses         2       Permanent endowment       0.00%       b       C       Term endowment logses       and losses         3a       Are there endowment       0.00%       C       Term endowment logs       addition logses         (i)       Unrelated organizations       0.00%       C       Term endowment logs and logs       addition logs         (ii)       Related organizations       Image: logs and logs       Image: logs and logs       addition logs         (i)       Unrelated organizations       Image: logs and logs and logs       Image: logs and logs and logs       addition logs and lo											
d       Grants or scholarships	Ũ	<b>3 3</b>									
e       Other expenditures for facilities and programs	Ь										
and programs											
f       Administrative expenses	•	-									
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2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶ 0.00 %         b       Permanent endowment ▶ 0.00 %         c       Term endowment ▶ 0.00 %         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations.         (ii)       Related organizations.         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)         (a) Cost or other basis       (c) Accumulated depreciation         (a) Cost or other basis       (c) Accumulated depreciation         (a) Book value       (d) Book value         (investment)       (1, 104, 528.         (a) Buildings.       1, 104, 528.	a										
a       Board designated or quasi-endowment       0.00%         b       Permanent endowment       0.00%         c       Term endowment       0.00%         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> </ul> <li> <ul> <li>(i) Unrelated organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> </li> <li> <ul> <li>Description of property</li> <li>(a) Cost or other basis</li> <li>(other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(investment)</li> <li>(other)</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(other)</li></ul></li>	2	· · · · · ·	rrent vear end	balance	(line 1a.	column (a)) he	eld as:				
b       Permanent endowment       0.00%         c       Term endowment       0.00%         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations.</li> <li>(ii) Related organizations.</li> <li>(ii) Related organizations.</li> <li>(iii) Related organizations.</li> <li>(ii) Related organizations.</li> <li>(iii) Related organizations.</li> <li>(iii) Related organizations.</li> <li>(iii) Related organizations.</li> <li>(i) Unrelated organizations.</li> <li>(i) Unrelated organizations.</li> <li>(ii) Related organizations.</li> <li>(iii) Related organizations.</li> <li>(i) Bescribe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li><b>24</b> Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> Part VI         Land, Buildings, and Equipment. <ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis</li> <li>(b) Cost or other basis</li> <li>(c) Accumulated depreciation</li> <li>degree.</li> <li>445, 823.</li> <li>445, 823.</li> <li>445, 823.</li> <li>445, 823.</li> <li>445, 823.</li> <li>(a) Equipment.</li> <li>(c) ther.</li> <li>(c) ther.</li></ul>	а				( 0,						
c       Term endowment ▶       0.00 %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations.</li> <li>(ii) Related organizations.</li> <li>(ii) Related organizations.</li> <li>(ii) Related organizations.</li> <li>(iii) Related organizations.</li> <li>(iii) Related organizations.</li> <li>(iii) Related organizations.</li> <li>(iii) Related organizations.</li> <li>(i) Unrelated organizations.</li> <li>(ii) Related organizations.</li> <li>(iii) Related organizations.</li> <li>(iii) Related organizations.</li> <li>(i) Bescribe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>(i) Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>Description of property</li> <li>(a) Cost or other basis (other) depreciation</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(e) Other.</li> <li>(f) the formation of property</li> <li>(a) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d</li></ul>	b										
3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(i) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>(iii) Additional and the intended uses of the organization's endowment funds.</li> </ul> 3a(i)     3a(i)     3a(i)     3a(ii)     3b     3b     3b     3b     3b     3b     3b     3b           4         Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI         Land, Buildings, and Equipment.         (a) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           0         Description of property         (a) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value         (d) Book value         445,823.         445,823.         445,823.         445,823.         b         520,784.         c         Leasehold improvements         1,850,883.         330,099.         1,520,784.         c         Leasehold improvements         1,104,528.         778,081.         326,447.         326,447. <th>с</th> <th>Term endowment ► 0.00 %</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	с	Term endowment ► 0.00 %									
visitive interval and inter		The percentages on lines 2a, 2b, and 2c sh	ould equal 10	0%.							
(i)       Unrelated organizations       3a(i)       3a(i)         (ii)       Related organizations       3a(i)       3a(i)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       445,823.       445,823.         b       Buildings       1,850,883.       330,099.       1,520,784.         c       Leasehold improvements       1,104,528.       778,081.       326,447.	3a	Are there endowment funds not in the poss	ession of the o	organizat	tion that a	re held and a	dminis	tered for the			
(ii)       Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)         (d) Book value       (d) Book value         1a       Land       445,823         b       Buildings       445,823         c       Leasehold improvements       1,850,883       330,099       1,520,784         c       Leasehold improvements       1,104,528       778,081       326,447		organization by:								Yes	No
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)         (a) Cost or other basis (investment)       (b) Cost or other basis (other)         1a       Land       445,823.         b       Buildings       445,823.         c       Leasehold improvements       1,850,883.         d       Equipment       1,104,528.         e       Other       1,104,528.		(i) Unrelated organizations							3a(i)		
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       445,823.       445,823.         b       Buildings       1,850,883.       330,099.       1,520,784.         c       Leasehold improvements       1,104,528.       778,081.       326,447.									3a(ii)		
Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land.       445,823.       445,823.       445,823.         b       Buildings.       1,850,883.       330,099.       1,520,784.         c       Leasehold improvements.       1,104,528.       778,081.       326,447.	b			•					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1aLand445,823.445,823.445,823.bBuildings1,850,883.330,099.1,520,784.cLeasehold improvements	_			n's endov	wment fun	ıds.					
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a         Land         445,823.         445,823.         445,823.           b         Buildings         1,850,883.         330,099.         1,520,784.           c         Leasehold improvements         1         1,104,528.         778,081.         326,447.	Part										
Image: Non-Structure       Image: Non-Structure <th< th=""><td></td><td>Complete if the organization answe</td><td>ered "Yes" or</td><td>1 Form 9</td><td>990, Part</td><td><u>IV, line 11a</u></td><td>. See</td><td>Form 990, Pa</td><td>rt X, line</td><td>10.</td><td></td></th<>		Complete if the organization answe	ered "Yes" or	1 Form 9	990, Part	<u>IV, line 11a</u>	. See	Form 990, Pa	rt X, line	10.	
1a       Land		Description of property	• •		. ,				( <b>d</b> ) Bo	ook valu	е
b       Buildings       1,850,883.       330,099.       1,520,784.         c       Leasehold improvements	19	Land	(	/					<u>م</u> ک	5.82	3
c       Leasehold improvements			<u> </u>				3	30,099			
d Equipment		0	1		-,05	.,	5		-,520	-, 10	· <b>- •</b>
e Other	-		1								
			1		1.10	4,528.	7	78,081.	32	6,44	7.
	-		t equal Form 9	90, Part							

Schedu	ule D (Form 990) 2021 ICNA RELIEF USA PROGRAMS INC	04-3810161 Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	<b>1</b> 43,149,572.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	-
b	Donated services and use of facilities	-
С	Recoveries of prior year grants	-
d	Other (Describe in Part XIII.)	
-		<b>2e</b> 104,618.
3	Subtract line <b>2e</b> from line <b>1</b>	<b>34</b> 3,044,954.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-
b	Other (Describe in Part XIII.)	
-	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )	<b>5</b> 43,044,954.
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	27 100 000
1	Total expenses and losses per audited financial statements	87,408,922.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a L	Donated services and use of facilities	-
b	Prior year adjustments         2b           Other leases         2a	-
C d	Other losses         2c           Other (Describe in Part XIII.)         2d	-
d	Add lines 2a through 2d	20
3	Outstand at line On forma line 4	<b>2e</b> <b>3</b> 7,408,922.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<b>J</b> /, 400, 522.
- a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
a b	Other (Describe in Part XIII.)	-
D		
c	Add lines <b>4a</b> and <b>4b</b>	4c
-	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b> <b>5</b> 7,408,922
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c \$7,408,922.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         tXIII         Supplemental Information.	<b>\$</b> 7,408,922.
5 Part Provi	Supplemental Information.         ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	<b>5</b> 7, 408, 922. Part V, line 4; Part X, line
5 Part Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         tXIII         Supplemental Information.	<b>5</b> 7, 408, 922. Part V, line 4; Part X, line
5 Part Provi	Supplemental Information.         ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	<b>5</b> 7, 408, 922. Part V, line 4; Part X, line
5 Part Provi	Supplemental Information.         ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	<b>5</b> 7, 408, 922. Part V, line 4; Part X, line
5 Part Provi	Supplemental Information.         ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	<b>5</b> 7, 408, 922. Part V, line 4; Part X, line
5 Part Provi	Supplemental Information.         ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	<b>5</b> 7, 408, 922. Part V, line 4; Part X, line
5 Part Provi	Supplemental Information.         ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	<b>5</b> 7, 408, 922. Part V, line 4; Part X, line
5 Part Provi	Supplemental Information.         ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	<b>5</b> 7, 408, 922. Part V, line 4; Part X, line
5 Part Provi	Supplemental Information.         ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	<b>5</b> 7, 408, 922. Part V, line 4; Part X, line
5 Part Provi	Supplemental Information.         ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	<b>5</b> 7, 408, 922. Part V, line 4; Part X, line
5 Part Provi	Supplemental Information.         ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	<b>5</b> 7, 408, 922. Part V, line 4; Part X, line
5 Part Provi	Supplemental Information.         ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	<b>5</b> 7, 408, 922. Part V, line 4; Part X, line
5 Part Provi	Supplemental Information.         ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	<b>5</b> 7, 408, 922. Part V, line 4; Part X, line
5 Part Provi	Supplemental Information.         ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	<b>5</b> 7, 408, 922. Part V, line 4; Part X, line
5 Part Provi	Supplemental Information.         ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	<b>5</b> 7, 408, 922. Part V, line 4; Part X, line
5 Part Provi	Supplemental Information.         ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	<b>5</b> 7, 408, 922. Part V, line 4; Part X, line
5 Part Provi	Supplemental Information.         ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	<b>5</b> 7, 408, 922. Part V, line 4; Part X, line
5 Part Provi	Supplemental Information.         ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	<b>5</b> 7, 408, 922. Part V, line 4; Part X, line
5 Part Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         Supplemental Information.         Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	<b>5</b> 7, 408, 922. Part V, line 4; Part X, line
5 Part Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         Supplemental Information.         Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	<b>5</b> 7, 408, 922. Part V, line 4; Part X, line
5 Part Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         Supplemental Information.         Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	<b>5</b> 7, 408, 922. Part V, line 4; Part X, line
5 Part Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         Supplemental Information.         Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	<b>5</b> 7, 408, 922. Part V, line 4; Part X, line
5 Part Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         Supplemental Information.         Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	<b>5</b> 7, 408, 922. Part V, line 4; Part X, line
5 Part Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         Supplemental Information.         Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	<b>5</b> 7, 408, 922. Part V, line 4; Part X, line

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047 2021

Open to Public

Inspection

(	
	Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Department of the Treasury	Attach to Form 990.
Doparanoni or and moadary	

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

Internal Revenue Service Name of the organization

### ICNA RELIEF USA PROGRAMS INC

I

Employer identification number 04-3810161

Par	t I Types of Property							
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co			
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (NON CASH CONT	Х	1	21,277,275.	FMV			
26	Other ► ()							
27	Other ► ()							
28	Other ► ( )							
29	Number of Forms 8283 received b							
	which the organization completed	Form 8283	3, Part V, Donee Acknowled	lgement	29			
							Yes	No
30a	During the year, did the organizati							
	28, that it must hold for at least thi							
	to be used for exempt purposes for		e holding period?			30a		X
b	If "Yes," describe the arrangemen							
31	Does the organization have a gift							17
• •	contributions?					31		Х
32a	Does the organization hire or use	•	0					37
	noncash contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an checked, describe in Part II.	amount in	column (c) for a type of pro	perty for which column (a) i	S			

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

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Form 990)       Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.         epartment of the Treasury ternal Revenue Service          • Go to www.irs.gov/Form990 for the latest information.					
Name of the organization ICNA RELIEF	USA PROGRAMS INC	Employer identification no $04 - 3810161$	umber			
FORM 990, PA	RT I, LINE 6					
MISCELLANEOU	S PROFESSIONAL, TECHNICAL AND GENERAL SER	VICES,				
ALL UNPAID.						
FORM 990, PA	RT III, LINE 4D-ALL OTHER ACCOMPLISHMENTS					
ALL ACTIVITI	ES NOT DESCRIBED IN OTHER EXEMPT PURPOSES	•				
FORM 990, PA	RT VI, LINE 11B-PROCESS TO REVIEW 990					
FINAL DRAFT	IS SENT TO THE BOARD OF DIRECTORS FOR REV	IEW. IT				
IS FILED ONC	E REVIEWED AND APPROVED BY THE BOARD.					
FORM 990, PA	RT VI, LINE 12C-ENFORCEMENT OF CONFLICTS	POLICY				
BOARD REVIEW	S IT EVERY YEAR AND CERTIFY THE COMPLIANC	E WITH				
CONFLICT OF	INTEREST POLICY.					
FORM 990, PA	RT VI LINE 15A-COMPENSATION PROCESS FOR C	FFICERS				
BASED UPON T	HE PERFORMANCE AND COMPARABLE INDUSTRY LE	VEL.				
FORM 990, PA	RT VI LINE 19					
GOVERNING DO	CUMENTS DISCLOSURE EXPLANATION					
HARD COPY IS	PRESENTED TO THOSE WHO REQUEST, OTHERWIS	E IT IS				
MAILED, FAXE	D OR EMAILED TO THE REQUESTER.					

SCHEDULE R (Form 990)	<ul> <li>Related Organizations and Unrelated Partnerships</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.</li> </ul>						-	OMB No. 1545-0047					
Department of the Treasur Internal Revenue Service	Attach to Form 990								Open t		blic		
Name of the organization ICNA RELIEF	USA PROGRAMS INC									Employer 04-38	identifica	ation nu	
Part I Identi	fication of Disregarded Entities. Complete	e if the org	anization a	Inswered "Y	es" o	n Form 990,	Part	IV, line 33.					
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity						(c) al domicile (state To foreign country)		(d) Total income End-		(e) d-of-year assets		(f) Direct controlling entity	
(1)													
_(2)													
(3)													
(4)													
(5)													
(6)													
	fication of Related Tax-Exempt Organiz r more related tax-exempt organizations du			ne organizat	tion ar	nswered "Ye	es" or	ı Form 990,	Part I	V, line 34, l	pecaus	se it h	ad
Name,	(a) address, and EIN of related organization		<b>b)</b> y activity	(c) Legal domicile or foreign co		(d) Exempt Code s	section	<b>(e)</b> Public charity (if section 501		(f) Direct contro entity	olling	(g Section 5 contr enti	12(b)(13) olled
(1) ICNA 11-2	925751											Yes	No
166-26 89TH	AVE JAMAICA NY 11432			NY		501C3		7	]	NA		Х	
<u>(2)</u>													
(3)													
(4)													
(5)													
(6)													
(7)													

#### Schedule R (Form 990) 2021

\_(7)

ICNA RELIEF USA PROGRAMS INC

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predo income unre excluo tax	(e) ominant e (related, elated, ded from under	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportion allocation		(i) Code V—UB amount in box of Schedule K (Form 1065)	20 managi 1 partne	ng o	(k) ercentage wnership
				sections	s 512-514)			Yes	No		Yes	١o	
(1)													0.00
(2)													
(3)													0.00
													0.00
.(4)													0.00
(5)													0.00
(6)													
_(7)													0.00
Identification of Re	alatad Organizat				Truct Co	malata if th						Dort	0.00
Part IV IV, line 34, because									erec		0111 990,	ran	
(a) Name, address, and EIN of related	organization	(b)		c)	(d)		(a)	(4)					
		Primary activit		domicile reign country)	Direct contro entity			(f) re of total ncome	e	(g) Share of nd-of-year assets	(h) Percentage ownership	CO	(i) 512(b)(13) ntrolled ntity?
(1)		Primary activit						re of total	ei	Share of	Percentage	CO	ntity?
.(1)		Primary activit						re of total	e	Share of	Percentage	e Yes	ntrolled ntity?
_(1) _(2)		Primary activit						re of total	e	Share of	Percentage ownership	e Yes	ntrolled ntity?
(2)		Primary activit						re of total	e	Share of	Percentage ownership 0.00 0.00	e Yes	ntrolled ntity?
<u>(2)</u> (3)		Primary activit						re of total	e	Share of	Percentage ownership	e Yes	ntrolled ntity?
_(2) _(3) _(4)		Primary activit						re of total	e	Share of	Percentage ownership 0.00 0.00	Yes	ntrolled ntity?
<u>(2)</u> (3)		Primary activit						re of total	ei	Share of	Percentage ownership 0.00 0.00 0.00	Yes	ntrolled ntity?

0.00

Part \	Transactions With Related Organizations. Complete if the organization an	swered "Yes" on Forr	n 990, Part IV, line 3	4, 35b, or 36.			
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with	one or more related or	ganizations listed in Pa	arts II–IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d	Х	
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
Г	Performance of services or membership or fundraising solicitations for related organization				11		X
' m	Performance of services or membership or fundraising solicitations by related organization				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	• •			1n		X
	Sharing of paid employees with related organization(s)				10		X
U							
p	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1g		X
ч					- 4		
r	Other transfer of cash or property to related organization(s)				1r		Х
	Other transfer of cash or property from related organization(s)				1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on who mu					reshol	
	(a) Name of related organization	(b) Transaction type (a—s)	(c) Amount involved	1 .	(d)		
(1)IS	LAMIC CIRCLE OF NORTH AMERICA INC	С	100,000.	CASH			
(2)IS	LAMIC CIRCLE OF NORTH AMERICA INC	d	151,000.	CASH			
<b>(3)</b> IS	LAMIC CIRCLE OF NORTH AMERICA INC	j	163,000.	CASH			
(4)							
(5)							
(6)							

Form 8879-TE			ture Authorizatio	n	OMB No. 1545-0047
			xempt Entity		
	For calendar yea	r 2021, or fiscal year beginning	, 2021, and ending 5. Keep for your records.	, 20	2021
Department of the Treasury Internal Revenue Service	•		97E for the latest information	n.	
Name of filer				N or SSN	
ICNA RELIEF USA	PROGRAMS INC		0 4	1-3810161	
Name and title of officer or per-	son subject to tax		·		
MAQSOOD AHMAD				CEO	
Part I Type of R	eturn and Retu	rn Information			
CP and Form 5330 filers r 5a, 6a, 7a, 8a, 9a, or 10a	nay enter dollars ar below, and the amo , whichever is appli not complete more	1	nter whole dollars only. If you opeing filed with this form was b	check the box on line <b>1</b> lank, then leave line <b>1</b> return, then enter -0- c	a, 2a, 3a, 4a, o, 2b, 3b, 4b,
2a Form 990-EZ check			rm 990-EZ, line 9)		i
3a Form 1120-POL che	ck here 🕨		DL, line 22)		
4a Form 990-PF check l	nere 🕨		nt income (Form 990-PF, Part		
5a Form 8868 check her	re 🕨	i	3, line 3c)		
6a Form 990-T check he	ere 🕨		art III, line 4)		
7a Form 4720 check her	re 🕨		urt III, line 1)		
8a Form 5227 check he	ere		f tax year (Form 5227, Item D		
9a Form 5330 check he	ere	i	art II, line 19)		
10a Form 8038-CP chec	k here 🕨		equested (Form 8038•]CP, Part III, li		
Part II Declaration	on and Signatu	re Authorization of Offic			
(direct debit) entry to the fir return, and the financial ins 1-888-353-4537 no later th processing of the electronic	nancial institution ac stitution to debit the an 2 business days c payment of taxes t ed a personal identif	the U.S. Treasury and its design count indicated in the tax prepa- entry to this account. To revoke prior to the payment (settlemen o receive confidential information ication number (PIN) as my sign	ration software for payment of a a payment, I must contact the t) date. I also authorize the fina on necessary to answer inquirie	the federal taxes owed U.S. Treasury Financia Incial institutions involv s and resolve issues re	on this I Agent at ed in the elated to
PIN: check one box or					
	•	ONNE CEDUICEC	ta antan mu DIN	10101	<b>]</b>
X I authorize YA	SIR PROFESSI	ONAL SERVICES ERO firm name	to enter my PIN	10161 Enter five numbers, bu do not enter all zeros	] as my signature t
a state agency	(ies) regulating ch	Ily filed return. If I have indic narities as part of the IRS Fe closure consent screen.			
electronically f	iled return. If I hav	o tax with respect to the enti- re indicated within this return a IRS Fed/State program, I v	n that a copy of the return is	being filed with a sta	ate agency(ies)
Signature of officer or person s	subject to tax 🕨 🙎	ahman		Date 🕨 11/04/203	22
	ion and Authen	tication			
		tronic filing identification			
number (EFIN) followed			12829928299		
	return in accordan	y PIN, which is my signature ce with the requirements of I	e on the 2021 electronically		
ERO's signature			Date ► 11	/10/2022	
		ERO Must Retain This F Ibmit This Form to the I		o Do So	

## IR 2021 990 (DRAFT 1 DT. 11.10.2022 Taxpayer Copy-updated

Final Audit Report

2022-11-14

Created:	2022-11-14
By:	Altaj Ilyas (altaj@icnarelief.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAAxIncinM3ga9enFZnZrAA5yPnrVNVRp7

# "IR 2021 990 (DRAFT 1 DT. 11.10.2022 Taxpayer Copy-update d" History

- Document created by Altaj Ilyas (altaj@icnarelief.org) 2022-11-14 - 6:19:16 PM GMT- IP address: 162.17.229.86
- Document emailed to maqsood ahmad (maqsoodahmad@icnarelief.org) for signature 2022-11-14 - 6:20:45 PM GMT
- Email viewed by maqsood ahmad (maqsoodahmad@icnarelief.org) 2022-11-14 - 7:23:52 PM GMT- IP address: 104.47.56.254
- Document e-signed by maqsood ahmad (maqsoodahmad@icnarelief.org) Signature Date: 2022-11-14 - 7:24:31 PM GMT - Time Source: server- IP address: 172.58.3.169
- Agreement completed. 2022-11-14 - 7:24:31 PM GMT