Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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.

Open to Public Inspection

A	For the	e 2024 calend	dar year, or tax year begi	nning		, 2024	, and endin	ıg			20		
В	Check if	applicable:	С						D Employ	er identii	fication number		
	Add	dress change	KARIMU INTERNAT	IONAL HEL	P FOUND	ATION			32-0	02279	956		
	Nan	ne change	75260 Vista Coro						E Telepho	ne numb	er		
	-	ial return	Palm Desert, CA	92211					9513	39255	538		
		l return/terminated											
	\vdash	ended return							G Gross re	eceipts \$	\$ 997,	,911.	
	\vdash	olication pending	F Name and address of princip	al officer: DOM	አነኮ ሮሞለነ	T T		H(a) Is this	a group retur	n for sub	ordinates? Yes	X No	
	☐, , , , , ,	1	Same As C Above	DOM.	מחדש מחדש	L		H(b) Are all	subordinates attach a list.	included	l? Yes	No No	
$\overline{}$	Tay-e	xempt status:	X 501(c)(3) 501(c) () (in	sert no.)	4947(a)(1) o	r 527	IT "NO,"	attach a list.	See insi	tructions.		
<u>.</u>	Web		W.KARIMUFOUNDATI		Sort Holy	10 17 (17)		H(c) Group	exemption nu	ımber			
K		of organization:	X Corporation Trust	Association	Other		Year of format		-		egal domicile: CA		
	rt I			Association	Other		Teal of format	1011. ZUU	0 1	rtato or re	sgar dominion O21		
Г	1761	Summar	y be the organization's mis	sion or most s	ignificant a	ctivities: TH	F ORCAN	TZATTO	N ATMS	<u> </u>	PROVIDE F	IINDS	
			HELP EXECUTE, C									<u> </u>	
9	-	ENHANCIN	G THE WELL-BEING	OF RURA	T. VTT.T.A(ES IN	THE DEVI	LOPING	WORLD).			
Гaг	-	PRIMITE TI	3 - TITE - MODE - DE TIC	_ 01_ 1(0141									
Ver	2	 Check this bo	ox if the organizati	on discontinue	ed its opera	tions or dis	oosed of me	ore than 2	5% of its	net ass	sets.		
တ္	3	Number of vo	oting members of the gove	erning body (F	Part VI, line	1a)				3		4	
∘ಶ	4 1	Number of inc	dependent voting membe	rs of the gove	rning body	(Part VI, lin	e 1b)			4		0	
ië.			of individuals employed							5		0	
Activities & Governance			of volunteers (estimate i							6		56	
Ac			ed business revenue from							7a		<u>0.</u>	
	ь	Net unrelated	I business taxable income	e from Form 9	90-1, Part 1	, iine II				7b	Current Y	0.	
	١	0 1 11 11	Laurente (Dest VIIII Co	- 11-5					rior Year	00			
<u>υ</u>			and grants (Part VIII, lin		721,1	.98.	991	<u>,911.</u>					
enc		9 Program service revenue (Part VIII, line 2g)											
Revenue			e (Part VIII, column (A), l										
			e — add lines 8 through 1						721,1	98	997	,911.	
			imilar amounts paid (Part						751,4			,566.	
	1				1317	.00.		/000.					
			to or for members (Part										
S	i	 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) 											
Expenses	1							(2006)04/6	480 Table 1815 (8)			14 St. 18 St	
ă X	1		sing expenses (Part IX, c		-								
Ш			ses (Part IX, column (A),						21,5			<u>,140.</u>	
			es. Add lines 13-17 (mus						772,9			<u>,706.</u>	
		Revenue less	expenses. Subtract line	18 from line 1	2				-51,7			<u>,205.</u>	
<u>გ</u>								Beginniı	ng of Currer		End of Ye		
Assets o	20		(Part X, line 16)						223,9			<u>,159.</u>	
A P	21	Total liabilitie	s (Part X, line 26)							0.		,050.	
Funda	22	Net assets or	fund balances. Subtract	line 21 from I	ine 20				223,9	04.	447	,109.	
Pa	irt II	Signatur	e Block										
Und	er penalti	ies of perjury, I de	eclare that I have examined this rearer (other than officer) is based o	eturn, including acc	companying sch	edules and stat	ements, and to	the best of n	ny knowledge	and beli	ief, it is true, correc	t, and	
com	plete. De	claration of prepa	arer (other than officer) is based o	n all information o	t which preparei	r nas any knowi	eage.						
Sig	gn	Signature of	officer					Date					
He	re	DONALI	STOLL					[reasu]	rer				
			t name and title								DTIN		
		Preparer's n	name	Preparer's sign	nature		Date		Check	J″	PTIN		
Pa	id	Joao G	Gomes, CPA	Joao Go	mes, CP	A			self-employ	ed	P00357600)	
	epare			CPA Corp.									
	e Onl				100				Firm's EIN		-3378075		
			Alpharetta,	GA 30009	-2469				Phone no.	770-	-503-5190		
Ma	v the IF	RS discuss th	nis return with the prepare	er shown abov	e? See inst	ructions					. X Yes	No	

Page 2

32-0227956

Part IV Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Х Χ 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Х 3 for public office? If "Yes," complete Schedule C, Part I..... **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.* X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III...... Х 5 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, 6 X 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.*.......... Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III.* X 8 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. X 9 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...... X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule Х 11a Х 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX...... 11d Х Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X..... 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X... X 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a Schedule D, Parts XI and XII Х 12b Χ 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States?.... 14a 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. Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Х 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV. 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 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions. Х 17 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Х 19 X 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H..... **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.... 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II..... Х

ı ai	Checkinst 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? <i>If "Yes," complete Schedule J.</i>	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 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).			
	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	<u></u> .	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 noncash 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? <i>If "Yes," complete Schedule M.</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_^
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? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
	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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_^
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
15	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		333	
	Enter the number reported in box 3 of 1 of 11 1030. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	- 000	(2004
RAA	TEEA0104L 09/05/24	rorn	1 220	(2024)

Form 990 (2024) KARIMU INTERNATIONAL HELP FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
	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).			
	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		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	ate M	S5. 1	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	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?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		N .	1 3m N
	organization have excess business holdings at any time during the year?	8		N. 2012 S.
	Sponsoring organizations maintaining donor advised funds.		35. 13	1.000
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	087. vš	E AND
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Third Control			
	dross receipts, included on a only 500, it are time included.			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			17
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	16		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1
<i>-</i> -	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would			
17	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.		Sat .	
		I F	1000	10004

Par	a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char Schedule O. See instructions.	iges	011	
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management		· 1	
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		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
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O.</i>	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ie Co)ae.)
		10a	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	IUa		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		- V
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
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		ļ.,_
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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 the	16b		
	organization's exempt status with respect to such arrangements?	1 . 55		
<u> </u>	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA CA			
			 3)s or	 1ly)
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5 available for public inspection. Indicate how you made these available. Check all that apply. Own website Other (explain on Schedule O)		.,	,,
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements avail the public during the tax year. See Schedule O	adie to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records. DONALD STOLL 75260 Vista Corona #51 Palm Desert CA 92211 (951) 392-5538			

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

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

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

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

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

|X| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (F) (B) (do not check more than one box, unless person is both an officer and a director/trustee) (A) Name and title Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) Estimated amount of other compensation from Average hours per week (list any hours for related Highest compensa Individual trustee Key employee employee Former Institutional trustee the organization and related organizations organiza-tions helow (1) LORRAINE FLORES 0 0. 0 X 0 0 Director (2) SUSAN HUGHMANICK 0 0. Х 0 0 0 Director 25 (3) MARIANNE KENT-STOLL 0. 0 0. 0 X X President 15 (4) DONALD STOLL 0 0 0. Х X Treasurer 0 (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)

Part VII Section A. Officers, Directors, T	rustees,	ney	Εn			es,	and	a Hignest Con	ipensated Em	pioyees	(contil	iuea)
(A) Name and title	(B) Average	box, offic	unle er an	Pos heck ss pe	more rson irecto	than dis both	an ee)	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-		(F) ated amount of other ansation to	
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	and	rganizati d related anization	ion I
(15)												
(16)												
(17)												
(18)		-										
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b Subtotal								0.	0			0.
c Total from continuation sheets to Part VII, Se								0.	0			0.
d Total (add lines 1b and 1c)	ed to those	listed	ahr	ve)	who	recei	ived	0. more than \$100.00	0 00 of reportable co		n	
from the organization 0			ubc							•	Yes	No
3 Did the organization list any former officer, dir	actor trusti	ee k	ev e	mnl	ove	e or	hia	hest compensated	d employee	N N	res	No
on line 1a? If "Yes,"complete Schedule J for s	uch individu	ual			• • •		• • •			3	LSt. 1.	X
4 For any individual listed on line 1a, is the sum the organization and related organizations gresuch individual.	of reportat ater than \$	ole co 150,0	omp 100?	ensa If "	atior <i>Yes</i>	and ," <i>col</i>	l oth <i>mpl</i>	ner compensation lete Schedule J fo	from <i>r</i> 	4		X
5 Did any person listed on line 1a receive or according for services rendered to the organization? If "	rue compe	nsati	on f	rom	any	unre	elate uch	ed organization or person	individual	5	S	X
Section B. Independent Contractors 1 Complete this table for your five highest comp		lanar	dor	+	ntra	otore	· th	at received more	than \$100 000 of			
compensation from the organization. Report comp	ensation for	the o	caler	ndar	yea	r end	ing	with or within the o	rganization's tax ye			
(A) Name and business a	ddress							Description	of services	Compe	C) ensatio	on
2 Total number of independent contractors (includin	a hut not lim	nitod .	to th	050	listo	d ahr	2/10/	who received more	e than		vesti i i i	. 389
Total number of independent contractors (including \$100,000 of compensation from the organization)		iiicu	w ui	UJU	note	a abc	J 4 G)	o rocorrou mon			000	<u> </u>

rdr	LVI	I Statement of Check if Schedule			sponse or note to any	/ line in this Part VI	П		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ภั ม	1a	Federated campaign	ns	1a					
	b	Membership dues		<u> </u>					
A G		Fundraising events.							
ar Z		Related organizatio							
S, C		Government grants (cont							
Contributions, Gifts, Grants, and Other Similar Amounts		All other contributions, g similar amounts not inclu	uded above		997,911.				
id o	g	Noncash contributions in lines 1a-1f		1g	153,481.				
	h	Total. Add lines 1a-	-1f			997,911.			
Program Service Revenue	2a b c				Business Code				
Se	d								
an	e	All other program s	orvice rev						
<u>g</u>	q	Total. Add lines 2a-							
<u>а</u> .	3	Investment income (i							
	3	other similar amour	nts)						
	4	Income from invest	ment of t	ax-exem	pt bond proceeds				
	5	Royalties							
				(i) Real	(ii) Personal				
			6a						
		Less: rental expenses	6b						
		Rental income or (loss)							
	d	Net rental income of		Securities	(ii) Other	vin kesteaa			
	7a	Gross amount from		Securities	(ii) Other				
		sales of assets other than inventory	7a						
	b	Less: cost or other basis and sales expenses	7b						
	_	Gain or (loss)	7c						
		Net gain or (loss)							
ne		Gross income from fund		Г					
Other Revenue		(not including \$ of contributions reported		.					
Ä		See Part IV, line 18		į.	8a				
he		Less: direct expens		L	8b				
δ	С	Net income or (loss	s) from fu	ndraising 1	g events				
		Gross income from gami See Part IV, line 19		L	9a				
	ı	Less: direct expens		L.	9b				
	C	Net income or (loss	s) from ga	aming ac	tivities				
	10a	Gross sales of inventory, returns and allowances.	, less	1	0a				
	b	Less: cost of goods	sold	į	0b				
	С	Net income or (loss	s) from sa	les of in					
Υ					Business Code				
Miscellaneous Revenue	11a b c d								
ᇤ	b			_ 					
₹ 8	C								
ž Œ	d	All other revenue. Total Add lines 11							
_		LOTAL AND UNGC							

0.

0.

0.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a r				
Do n 6b, 7	ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
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	752,566.	752,566.		
	Benefits paid to or for members	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting				
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel				
19 20	Conferences, conventions, and meetings				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
	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 b	US GENERAL EXPENSES	22,140.		22,140.	
С					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	774,706.	752,566.	22,140.	0 .
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X..... (A) Beginning of year End of year 309,558. 223,904 1 Cash — non-interest-bearing..... 2 Savings and temporary cash investments..... 3 Pledges and grants receivable, net..... 3 4 Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... 7 Notes and loans receivable, net..... 8 Inventories for sale or use..... 9 Prepaid expenses and deferred charges..... Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10a 10a 10c **b** Less: accumulated depreciation..... 10b 11 Investments – publicly traded securities..... 12 154,601 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 16 464,159. Total assets. Add lines 1 through 15 (must equal line 33)..... 223,904. 16 17 Accounts payable and accrued expenses..... 17 18 18 Deferred revenue 19 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons..... 22 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties..... 24 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 17,050. 26 17,050. 0. Total liabilities. Add lines 17 through 25..... Organizations that follow FASB ASC 958, check here X **Fund Balances** and complete lines 27, 28, 32, and 33. 27 223,904 447,109. 28 Net assets with donor restrictions..... Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ģ 29 Capital stock or trust principal, or current funds..... Net Assets Paid-in or capital surplus, or land, building, or equipment fund..... 30 31 Retained earnings, endowment, accumulated income, or other funds..... 31 32 447,109. 223,904 464,159 223,904. 33 33 Form 990 (2024)

BAA

OH	1990 (2024) KARIMO INTERNATIONAL HELF FOUNDATION 32	000.00			<u> </u>
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)			97 <u>,9</u>	
2	Total expenses (must equal Part IX, column (A), line 25)			74,7	
3	Revenue less expenses. Subtract line 2 from line 1	3	2	<u>23,2</u>	105.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	23 <u>,9</u>	04.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4	47,1	.09.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
	Check if Ocheanic O contains a response of flote to any line in the fact and			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		\$5.3	(1000)	
•					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ved on a			
	separate basis, consolidated basis, or both.		883 SV		
	Separate basis Consolidated basis Both consolidated and separate basis		'		X
b	Were the organization's financial statements audited by an independent accountant?		2b		Λ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sepa	rate			
	basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis				
		:1			255555
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	: Uniform			77
	Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X
k	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required at	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		(005
BAA	TEEA0112L 09/05/24		Forn	990	(2024

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

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.

A	For t	he 2024 cale	ndar year, or t	ax year begi	inning		, 20	24, and endi	ng		, 2	0		
		if applicable:	C							D Employ	er identific	ation number		
	Па	ddress change	KARIMU I	NTERNAT	IONAL HE	LP FOUN	DATION			32-	02279	56		
	∏ _N	ame change	75260 Vi							E Telepho	ne number			
	In	itial return	Palm Des	ert, CA	92211					951	39255	38		
	Fir	nal return/terminated												
	A	mended return								G Gross r	eceipts \$	997,		
	Па	pplication pending	F Name and a	ddress of princip	oal officer: DON	VALD ST	OLL		1 ' '	a group retur		⊢	X No	
			Same As						H(b) Are al	ll subordinates ," attach a list	included? . See instru	ctions. Yes	No	
I	Tax-	exempt status:	X 501(c)(3)	501(c) () (i	nsert no.)	4947(a)(1) or 527						
J	We	bsite: W	WW.KARIMU	<u> </u>	ION.ORG			1	H(c) Group	exemption no				
K		n of organization:	X Corporation	Trust	Association	Other		L Year of form	ation: 200)8 M/s	State of leg	al domicile: CA		
Pa	rt I	Summa												
	1		ribe the organi										INDS_	
à		FOR, AN	D HELP EX	ECUTE, (COMPLETIC	N OF S	CHOOLS_	AND OTHE	R COMM	UNTIA	KOTEC	<u>TS </u>		
an		ENHANCI.	NG THE WE	TT-BETM	FOF ROKE	<u>7</u>	AGES IN	THE DEV	FTOLIN	G MOKTI	-			
Governance	2	Check this b	ov lift		on discontinu	ad its one	rations or d		ore than	25% of its	net asse			
g	3		oting member								3	,,,,,	4	
9	4		ndependent vo								4		0	
ties	5		er of individual	, ,	-			•			5		0	
Activities &	6		er of volunteer								6		<u>56</u>	
¥	7a		ted business r								7a 7b		0.	
	b	Net unrelate	d business ta	cable income	e from Form	990-1, Par	ti, line ii.			Prior Year	76	Current Ye		
	8	Contribution	s and grants (Part VIII lin	e 1h)					721,1	98		911.	
e	9		vice revenue							121,1		331,	<u> </u>	
Revenue	10		income (Part \											
8	11		ue (Part VIII, d											
	12		ie – add lines							721,1			911.	
	13	Grants and	similar amoun	ts paid (Par	t IX, column ((A), lines 1	-3)			751,4	105.	752,	<u>566.</u>	
	14		d to or for me											
S	15		ner compensat											
Expenses	16a	Professiona	I fundraising fe	∍es (Part IX,	, column (A),	line 11e).								
E G	b	Total fundra	ising expense	s (Part IX, c	olumn (D), lir	ne 25)								
ú	17	Other exper	ses (Part IX,	column (A),	lines 11a-11d	d, 11f-24e)	,			21,5	590.	22,	140.	
	18	Total expens	ses. Add lines	13-17 (mus	t equal Part I	X, column	(A), line 25	5)		772,9			706.	
	19	Revenue les	s expenses. S	Subtract line	18 from line	12				-51,°			205.	
9 9										ing of Curre		End of Ye		
Net Assets or Fund Balances	20		(Part X, line							223,9			159.	
A P	21		es (Part X, lin	•							0.		050.	
	1		or fund balanc	es. Subtract	line 21 from	line 20				223,9	904.	447,	109.	
	ırt II		re Block											
Unde	er pena	Ities of perjury,	declare that I have parer (other than of	examined this re	eturn, including ac	ccompanying a of which prepared	schedules and s arer has any kn	statements, and i owledge.	to the best of	my knowledge	and belief	, it is true, correct,	and	
c:		Signature of	of officer						Date					
Siç He	gn re	DONAT	D STOLL						Treasu	rer				
			nt name and title						IICUDU		-			
		Preparer's			Preparer's sig	gnature		Date		Check	if P	TIN		
Pa	id	Joan	Gomes, CI	PA	Joao G	omes. (CPA			self-employ	red P	00357600		
ra Pr	iu epar				CPA Corp			1			1			
Us	Preparer Firm's nar Jse Only Firm's add				Blvd, Ste					Firm's EIN	33-	3378075		
_				aretta,	GA 3000					Phone no.		503-5190		
Ma	y the	IRS discuss	this return with	the prepare			nstructions .					X Yes	No	

Part IV Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Х Schedule A..... X 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 Х for public office? If "Yes," complete Schedule C, Part I..... Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 4 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III...... 5 Χ 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, 6 Х 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.*.......... X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III..... 8 Х 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 X 9 services? If "Yes," complete Schedule D, Part IV...... Χ 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule Х 11a Х 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII...... 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Х 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X..... Х 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.* X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a 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.......... Х 12b Х 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Х 14a Did the organization maintain an office, employees, or agents outside of the United States?..... **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*..... Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Х 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV...... 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..... Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. Х 17 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. Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Х 19 complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H..... b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.... 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II..... Х

Form **990** (2024)

Par	Checklist of Required Schedules (Continued)			
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	Yes	No X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		х
24a	Schedule J 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		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 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? <i>If</i> "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).			
	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		X
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 noncash 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? <i>If "Yes," complete Schedule M.</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
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? <i>If "Yes," complete Schedule R, Part I.</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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI.</i>	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. [
	Check it Schedule O contains a response or note to any line in this Part V		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
RΔΔ	TEEA0104L 09/05/24	Form	990	(202^{2})

Form 990 (2024) KARIMU INTERNATIONAL HELP FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	Ya K		
	ments, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			U
	services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	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	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			1988
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	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		e k
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1 2350	S 14 (NAC) 94
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	ŀ		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		1 4 18 18 17
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	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			
_	Enter the amount of reserves on hand	14a	100000000000000000000000000000000000000	X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	-	+
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	140	ļ	+
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		Х
10	If "Yes," see the instructions and file Form 4720, Schedule N.	16	<u> </u>	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		Masa sa	+
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would	383 38	1887	<u> </u>
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			
	TECA 010EL 00/05/04			(2) (2) (A)

Form	990 (2024) KARIMU INTERNATIONAL HELP FOUNDATION 32-0227956		۲	age 6
Par	a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char Schedule O. See instructions.	nges	on	
	Check if Schedule O contains a response or note to any line in this Part VI			. Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	Enter the number of voting members included on line 1a, above, who are independent 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 supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		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:			
а	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O.</i>	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	even	ue C	ode.)
-			Yes	No
1 0 a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		Ste. 4	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		Х
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	941.30		
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
			100 a 10	2.1943
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed CA			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5 available for public inspection. Indicate how you made these available. Check all that apply.	01(c)(3)s or	nly)
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements avail the public during the tax year. See Schedule O	able to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			

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

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

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

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

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

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

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

(A)

Name and title

(B)

Average hours per week (relative but like the box is per week of a like the box is per week of a like box is per week or a l

	hours			dad		or/trust		compensation from	compensation from	of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC/1099-NEC)	compensation from related organizations (W-2/1099-MISC/1099-NEC)	compensation from the organization and related organizations
(1) LORRAINE FLORES	0									
Director	0	X						0.	0.	0.
(2) SUSAN HUGHMANICK	0								_	_
Director	0	X			Ŀ	ļ		0.	0.	0.
(3) MARIANNE KENT-STOLL	_ 25 _							_	_	
President	0	X		X		ļ		0.	0.	0.
(4) DONALD_STOLL	_ 15 _									
Treasurer	0	X		X		-	<u> </u>	0.	0.	0.
_(5)										
<u>(6)</u>										
(9)										
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)										

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Part VII Section A. Officers, Directors, Tru					<u>c)</u>			3			
(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unle: er an	Pos heck ss pe	ition more rson i irecto	the structure of the st	an ee)	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-NEC)	Estimate of compens the org and	(F) ed amount other aution from anization related izations
(15)						8.					
(16)											
[17]											
18)											
19)											
20)											
21)											
22)											
23)											
24)											
25)											. "
1b Subtotal								0.	0.		0
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)						recei	··· ved	0. 0. more than \$100,00	0. 0. 0 of reportable com		0
 Did the organization list any former officer, direct on line 1a? <i>If "Yes,"complete Schedule J for suc</i> For any individual listed on line 1a, is the sum of the organization and related organizations greater 	:h individu	ıal				• • • •				. 3	Yes No
such individual		· · · · ·								. 4	Σ
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Yestection B. Independent Contractors	e comper s," compl	ete S	on fr Sche	om dule	any e <i>J f</i>	unre or su	ch j	ed organization or person	individual	. 5	2
Complete this table for your five highest comper compensation from the organization. Report comper	sated ind sation for	epen the c	den aler	t co ıdar	ntra year	ctors endi	tha	at received more t with or within the o	han \$100,000 of ganization's tax yea	r.	
(A) Name and business add	ress							Description	of services	(C Comper) Isation
				-							
2 Total number of independent contractors (including \$100,000 of compensation from the organization		ited t	o th	ose	liste	d abo	ve)	who received more	than		

Par	τVI	الشنية			a reen	onse or note to any	r line in this Part V	``````````````````````````````````````		Г
		Greek ii Geredu	0	SOLIGINIS	u i cəp	onse of riote to diff	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
ลุ ม	1a	Federated campaig	gns .		1a					
E E	b	Membership dues.			1b					
9	С	Fundraising events	3		1c					
ar /	d	Related organization	ons .		1d					
S, G	е	Government grants (con	tributi	ons)	1e					
Contributions, Gifts, Grants, and Other Similar Amounts	f	All other contributions, quality similar amounts not include	luded	above	1f	997,911.				
E S	g	Noncash contributions in lines 1a-1f	nclude	ed in	1g	153,481.				
Cor	h	Total. Add lines 1a				133,401.	997,911.			
	<u> </u>					Business Code	CHÂNAFAI			
Program Service Revenue	2a b c d		 							
Гал	f	All other program s	servi	ce revenu						
rog	a				-					
<u>ц</u>	3	Investment income (
	4 5	other similar amou Income from invest Royalties	ınts). tmer	nt of tax-e	xempt	bond proceeds				
				(i) R	eal	(ii) Personal				
		Gross rents	6a							
		Less: rental expenses	6b							
	I	Rental income or (loss)								
	d	Net rental income	or (lo	oss)						
	7a	Gross amount from sales of assets	7a	(i) Secu	rities	(ii) Other				
	b	other than inventory Less: cost or other basis and sales expenses	-							
	С	Gain or (loss)	7c							
	d	Net gain or (loss).								
Other Revenue	8a	Gross income from fund (not including \$ of contributions reported								
ďč		See Part IV, line 18			8	a				
je j	b	Less: direct expens	ses.		81	b				
ਠ	С	Net income or (los	s) fro	om fundra	ising e	events				
	9a	Gross income from gam See Part IV, line 19	ing ac	ctivities.	9:	a				
	b	Less: direct expens	ses.		91	b				
	c	Net income or (los	s) fro	om gamin	g activ	/ities				
	10a	Gross sales of inventory returns and allowances.	, less		10	a				
	b	Less: cost of goods			10					
	ı	Net income or (los			of inve	entory				
v						Business Code				
5 a	11a									
Miscellaneous Revenue	11a b c d									
를 를 했다. 기계 기계 기	c									
Š &	d	All other revenue.								
Ē		Total. Add lines 11	la-11	d						

0.

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a	response or note to any	line in this Part IX		
Do r 6b, 7	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
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	752,566.	752,566.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
-	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)				
13	Office expenses				
14 15	Information technology				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment				
	expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 b	US GENERAL EXPENSES	22,140.		22,140.	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	774,706.	752,566.	22,140.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X..... (A) Beginning of year End of year 309,558. Cash - non-interest-bearing..... 223,904 1 2 Savings and temporary cash investments..... 3 Pledges and grants receivable, net..... 3 4 Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... 7 Notes and loans receivable, net..... 8 Inventories for sale or use..... 9 Prepaid expenses and deferred charges..... Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10a 10a 10c **b** Less: accumulated depreciation..... 10b 11 Investments – publicly traded securities..... 12 154,601. Investments – other securities. See Part IV, line 11..... 13 Investments – program-related. See Part IV, line 11..... 14 Intangible assets..... 14 15 Other assets. See Part IV, line 11..... 223,904. 16 464,159. Total assets. Add lines 1 through 15 (must equal line 33).... 16 17 Accounts payable and accrued expenses..... 17 18 18 19 19 Deferred revenue 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties..... 24 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 17,050. 26 0. 17,050. 26 Total liabilities. Add lines 17 through 25..... Organizations that follow FASB ASC 958, check here X **Fund Balances** and complete lines 27, 28, 32, and 33. 223,904. 27 447,109 28 Net assets with donor restrictions..... Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. þ 29 Capital stock or trust principal, or current funds..... 29 Assets 30 Paid-in or capital surplus, or land, building, or equipment fund..... 31 Retained earnings, endowment, accumulated income, or other funds..... 31

BAA

32

33

Total net assets or fund balances

Total liabilities and net assets/fund balances.....

447,109.

223,904

223,904.

32

33

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				. 🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9	97,9	11.
2	Total expenses (must equal Part IX, column (A), line 25)	2		74,7	
3	Revenue less expenses. Subtract line 2 from line 1	3		23,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	23,9	04.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	•		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4	47,1	109.
Par	t XII Financial Statements and Reporting				
<u> </u>	Check if Schedule O contains a response or note to any line in this Part XII				. П
	Chook ii constante a responde a meta te any me			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
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 separ basis, consolidated basis, or both. Separate basis Both consolidated and separate basis	ate			
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		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		(C)		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?	Uniform	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA			Form	990	(2024

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

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public

OMB No. 1545-0047

Inspection

Vame (of the	organization					Employer identifica	tion number		
		U INTERNATIONAL HEI					32-022795			
Par	: 1	Reason for Public Cha	rity Status. (All o	rganizations must	comple	te this	part.) See instruc	tions.		
The c	rga	nization is not a private found								
1		A church, convention of church)(1)(A)(i).			
2		A school described in section		·						
3		A hospital or a cooperative h								
4		A medical research organiza	tion operated in conju	inction with a hospital o	described	in sec	tion 170(b)(1)(A)(iii). ⊟	nter the hospital's		
		name, city, and state:								
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or university owned	or opera	ited by a	a governmental unit de	scribed in		
6		A federal, state, or local gove	ernment or governme	ntal unit described in s	ection 1	70(b)(1)	(A)(v).			
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
		university:								
10	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11		An organization organized ar			ety. See	section	509(a)(4).			
12		An organization organized ar or more publicly supported o lines 12a through 12d that de	rganizations describe	d in section 509(a)(1) c	r section	n 509(a)	(2), See section 509(a)	ut the purposes of one (X3). Check the box on		
а		Type I. A supporting organization organization(s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elect	d or controlled by its sur	norted o	ranizati	on(s), typically by giving	the supported on. You must		
b		Type II. A supporting organize management of the supporting must complete Part IV, Section 11.	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by l the supported organizati	having control or on(s). You		
С		Type III functionally integrat organization(s) (see instructi	ed. A supporting orga	anization operated in co	nnection A, D, and	n with, a	and functionally integra	ted with, its supported		
d		Type III non-functionally integrated. The cinstructions). You must com	organization denerally	must satisfy a distribu	in conne tion requ	ction w iremen	ith its supported organition and an attentiveness	ization(s) that is not requirement (see		
е		Check this box if the organiz	ation received a writt	en determination from t	he IRS t	hat it is	a Type I, Type II, Type	e III functionally		
	_	integrated, or Type III non-fu	inctionally integrated	supporting organization	١.					
f		ter the number of supported								
g		ovide the following informationme of supported organization		(iii) Type of organization	(iv) Is	the	(v) Amount of monetary	(vi) Amount of other		
,	, i) 1 1 10	ine oi supported organization	(ii) Liiv	(described on lines 1-10 above (see instructions))	organizati in your go docum	on listed overning	support (see instructions)	support (see instructions)		
					Yes	No				
/A\										
(A)										
/D\										
(B)										
(C)										
(D)										
(E)			s // Brown (Vincenting of the control of the control	1, 344.25	Security Section	A. 15 (1923)				
Total					30,500,500					

KARIMU INTERNATIONAL HELP FOUNDATION

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 organization without charge						
4	Total. Add lines 1 through 3						
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						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10		\$ 170 \$ 170				
12	Gross receipts from related activ	rities, etc. (see in:	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second	, third, fourth, or fi	ifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pu						
	Public support percentage for 20						<u>%</u> %
	Public support percentage from						
	33-1/3% support test—2024. If t and stop here. The organization	qualifies as a pul	blicly supported o	organization			
b	33-1/3% support test—2023. If the and stop here. The organization	ne organization die qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a or 16a or 16a	, and line 15 is 3:	3-1/3% or more, cl	neck this box
	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the facts-a -and-circumstanc	ind-circumstances es test. The orga	s test, check this t nization qualifies a	oox and stop ner eas a publicly supp	e. Explain in Part Voorted organization	/I now
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances to	ind-circumstance: est. The organiza	s test, check this t tion qualifies as a	oox and stop here publicly supporte	ed organization	/I now the
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include						
	any "unusùal grants.")	918,994.	1,117,307.	1,286,390.	721,198.	997,911.	5,041,800.
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's						0
_	tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513.						0.
4	Tax revenues levied for the						
	organization's benefit and						
	either paid to or expended on its behalf						0.
5	The value of services or						<u> </u>
	facilities furnished by a						
	governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	010 004	1,117,307.	1,286,390.	721,198.	997,911.	5,041,800.
	Amounts included on lines 1,	910,994.	1,111,301.	1,200,390.	121,130.	771,711.	3,041,000.
74	2, and 3 received from					_	_
	disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2						
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13					_	0
	for the year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line 7c from line 6.)						5,041,800.
Sec	tion B. Total Support		Lianne	I			
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6	918,994.		1,286,390.	721,198.	997,911.	5,041,800.
	Gross income from interest, dividends,	J10, JJ4.	1,111,007.	1,200,330.	721,130.	33.,,522.	
IVU	payments received on securities loans,						
	rents, royalties, and income from						0.
h	similar sources						<u> </u>
~	income (less section 511						
	taxes) from businesses						n
_	acquired after June 30, 1975 Add lines 10a and 10b		0.	0.	0.	0.	0.
11	Net income from unrelated business	0.	υ.	<u> </u>	0.	0.	0.
	activities not included on line 10b,						
	whether or not the business is						0
	regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in						0.
	Part VI.)			-			<u> </u>
13	Total support. (Add lines 9, 10c, 11, and 12.)	918 994	1.117.307	1,286,390.	721,198.	997,911.	5,041,800.
14	First 5 years. If the Form 990 is	for the organizati	on's first, second	third, fourth, or f			П
	organization, check this box and	stop here					
Sec	tion C. Computation of Pu	blic Support F	'ercentage				
15	Public support percentage for 20						100.00 %
16	Public support percentage from	2023 Schedule A	Part III, line 15.			16	100.00 %
Sec	tion D. Computation of Inv	estment Inco	ne Percentag	e			
17	Investment income percentage f	or 2024 (line 10c	column (f), divid	ed by line 13, col	umn (f))		0.00 %
18	Investment income percentage f	rom 2023 Schedu	ile A, Part III, line	: 17			0.00 %
	33-1/3% support tests-2024. If	the organization o	lid not check the	box on line 14, ar	nd line 15 is more	than 33-1/3%, ar	nd line 17
L	is not more than 33-1/3%, check 33-1/3% support tests—2023. If	this box and sto	p nere. The organ	nization qualifies a ox on line 14 or lin	as a publicly supp ne 19a, and line 1	orteu organization 6 is more than 33	
	line 18 is not more than 33-1/39	6, check this box	and stop here. Th	ne organization qu	ialifies as a public	iy supported orga	inization
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	see instructions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3 a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	<u>4c</u>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		Series .
C	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	1 0 b		N V

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11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization 11a above? b A family member of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a above? 1 Did the governing body, members of the governing body, efficient sacting in their official capacity, or membership of one or more supported organizations have the power for requirty appoint or elect at least a majority of the organization's efficient, directors, or functions at all times family the tax year? (If "No" describe in Part IV low the properties of the power above a directed, annual properties of granizations and what controlled or remove officials, directors, or functions and what controlled or remove officials, directors, or functions and what controlled or remove officials, directors, or functions and what controlled or remove officials, directors, or functions and what controlled or remove officials, directors, or functions and what controlled or remove officials, directors, or functions and what controlled or remove officials, directors, or function than the supported organization's but operated, supervised, or controlled the supporting organizations. 2 Did the organization operate for the benefit of any supported organization their than the supported organization's but operated only the properties of the supported organization's and what controlled or remanged the supported organization's and the supported organization's supported organ	Par	t IV Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with pursons described on lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described on line 11a above? c A 35% carboiled with of a person described on line 11a art 1b above? c A 35% carboiled with of a person described on line 11a art 1b above? c A 35% carboiled with of a person described on line 11a art 1b above? If "Yes" to line 11a, 11b, or 11c, precide detail in Part V. Section B. Type I Supporting Organizations Did the operating body, members of the governing body, officers acting in their official capacity, or membership of one organizations have the power to regularly appoint and violect aleast a majority of the arganization's officers, directors, or frustess were allocated among the supported organizations have the powers to support and organizations. If the organization had more than one supported organization, describe how the powers to support and organizations. If the organization had more than one supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 bid the organization operate for the benefit of any supported organization other than the supported organization between the supported organizations of restrictions, if any, applied to such powers allowed that organization operated organizations of restrictions, if any, applied to such powers allowed the organization organizations are supported organizations. Section C. Type II Supporting Organizations 1 Were a majority of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organization supported o		I I I I I I I I I I I I I I I I I I I		Yes	No
the governing body of a supported organization? b A family member of a person described on line 11a above? c A 35% controlled with y a garron described on line 11a above? c A 35% controlled with y a garron described on line 11a or 1b above? If 'Yes' to line 11a, 11b, or 11a, provide debit in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appeared or experizations officers, directors, or frustees at all times during the tax year? If 'Ne, 'describe in Part VI how the supported organization softiers, directors, or frustees at all times during the tax year? If 'Ne, 'describe in Part VI how the supported organization and what controlled organization and organization and the organizations and what controlled organizations, directors, or frustees were allocated among the supported organizations and what controlled organizations, directors, or controlled the supporting organization and the organization of the properties of the supported organization and the organization organizati					
c A 35% controlled early of a presen described on line II and II above? If Yes' to line IIs, 118, or IIc, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the genering tody, members of the governing body, officers sating in their official capacity, or membership of one or more composition in the properties of the governing body, officers sating in their official capacity, or membership of one or more composition in the properties of the government of the organization of the enganization is officers, directors, or trustees at all times during the sax year? If Yillo, "describe in Part VI how the supported organization of the properties and what controllers or restrictions," if any, applied to such powers than one supported organization and what conductors or restrictions, if any, applied to such powers that operated, supported organizations and what conductors or restrictions," if any, applied to such powers that operated, supported organizations and what conductors or restrictions, if any, applied to such powers that operated, supported organizations and what conductors or restrictions," if any, applied to such powers that operated, supported organizations and what conductors or restrictions, if any applied to such powers that operated, supported organizations and what conductors or restrictions, and applied to such powers of the organization organizations or supported organizations and what conductors, if any applied to such powers of the supported organizations and the supported organization of the supported organizations and what controlled or management of the supported organizations and expert of the organization provide to each of its supported organizations (it was applied organization). 1 Were a majority of the organizations of its supported organizations, by the last day of the directors or trustees of each of the organizations and	а	the governing body of a supported organization?	11a		
Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, efficers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or rustees at all times during the tax year if "No," describe in Part VI in this supported organization's direct, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization organization organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization organization organization of the supported organization of the supported organization of the supported organization of the supported organization. (If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization (§) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's supported organization (§) If "No," describe in Part VI how control or management of the supporting organization's governing organization's supported organization's the organization's supported organization's the organization's supported organization's the organization's according to the supported organization's the organization's according to the organization's organization's organization's organization's organization's organization's according to the organization's organ	b	A family member of a person described on line 11a above?	11b	Y1 .	L 184 *
Yes No or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations forms of the programment of the programm	c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or frustees at all times during the tax year? If 'No,' describe in Part V thow the supported organization and more than one supported organization between allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers that one supported organization had more than one supported organization between allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization persent of the supported organization of the than the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or husless during the tax year also a majority of the directors or husless of each of the organization's supported organization(s)? If 'No,' describe in Part V in we control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a written notice described organizations, by the last day of the fifth month of the organization's supported organization's governing documents in effect on the date of notification, to the activity of the organization with the properties of the prior than th	Sec	tion B. Type I Supporting Organizations			
or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations officers, directors, or trustees at all times during the tax year? If No. "describe in Part VI how the supported organization (s) effectively operated, supervised, or controlled the organizations sativities. If the organization had more divided to the purpose of the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Yes," or describe in Part VI how control or management of the supporting organization supported organizations? If "Yes," describe in Part VI how control or management of the supporting organization and very supported organizations? If "Yes," describe in Part VI how control or management of the supported organization was vested in the same persons that controlled or managed the supported organizations (s). 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization supported organizations and explain of a written notice of the describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, or the extent not previously provided? 2 Were any of the organization's accortance in the supported organization's supported organization's in				Yes	No
that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how provided the supported prepared organizations supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization susported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, not the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization is investment policies and in directing the use of the organizations have a significant voice in the organization sistement policies and in directing the use of the organizations have a significant voice in the organization sistement policies and in directing the use of the organization's investment. 3 By reason of the relationship described on line 2, above, did the erganization's supported organizations have a significant voice in the organization sistement policies and in directing the use of the organizations have a significant voice in the organization sistement policies and in	1	or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers	1		
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supported organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's provided? 2 Were any of the organization's directors, or trustees either (i) appointed or elected by the supported organization organization organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization and explain how these activities during the tax year directly furthered the exempt purposes of the supported organization's another organization's and explain how these activities during the tax year directly furthered the exempt purposes, how the organization was responsive to those supported organizations and explain how these activities that its supported organization that its supported organi	2	that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the	2		
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year. (i) a written notice describing the type and amount of support provided during the prior tax year. (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, and (iii) copies of the organization's governing of the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organizations. 2 Were any of the organization's investment policies and in directing the use of the supported organizations have a significant voice in the organization's investment policies and in directing the use of the organizations have a significant voice in the organization's investment policies and in directing the use of the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 2 Activities Test. Answer lines 2 and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exampt purposes of the supported organization's positive direction was responsive? If "Yes," then in Part VI identify those supported organization's position that its supported organization determined that these activities but for the organ	Sec	tion C. Type II Supporting Organizations			
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	ŀ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?If "Yes," describe in Part VI the role played by the organization in this regard.	3b		14.88

Sche	edule A (Form 990) 2024 KARIMU INTERNATIONAL HELP FOUND	ATI	ON 32-02	27956 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	lov. 20, 1970 (explain in st complete Sections A	Part VI). See through E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
-	I Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

7 Schedule A (Form 990) 2024 BAA

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5	
6 Other distributions (describe in <i>Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	
	ii)	(iii) Dietvikudek

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022	100,000		
d Excess from 2023			
e Excess from 2024			

BAA

Schedule A (Form 990) 2024

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A (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.

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

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

KAR	IMU	J INTERNATIONAL HEI					32-022795		
Parl	1	Reason for Public Cha	rity Status. (All o	rganizations must	comple	ete this	s part.) See instruc	tions.	
The c	rga	nization is not a private found							
1	Ш	A church, convention of church	•			b)(1)(A)(i),		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	Ш	A hospital or a cooperative h	•						
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state:							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	Ш	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	eart of its support from a	governme	ental uni	t or from the general pub	lic described	
8		A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	1.)				
9		An agricultural research organia							
	LJ	or university or a non-land-gran	nt college of agriculture	(see instructions). Enter	the nam	ie, city, a	and state of the college o	r	
		university:							
10	X	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
11		An organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	ı 509(a)(4).		
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
а		Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervised	d or controlled by its sun	poorted o	roanizati	ion(s), typically by giving	the supported on. You must	
b		Type II. A supporting organiz		entrolled in connection	with ite	eunnart	ed organization(s) by l	naving control or	
J		management of the supporting must complete Part IV, Secti	organization vested in ons A and C.	the same persons that co	ontrol or	manage	the supported organizati	on(s). You	
С		Type III functionally integrat organization(s) (see instructi	ed. A supporting orga	anization operated in co plete Part IV, Sections A	onnection A, D, an e	n with, a d E.	and functionally integra	ted with, its supported	
d		Type III non-functionally inte functionally integrated. The c instructions). You must com	organization generally	must satisfy a distribu	in conne tion requ	ection w uiremen	ith its supported organi t and an attentiveness	zation(s) that is not requirement (see	
е		Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from t	the IRS t	that it is	a Type I, Type II, Type	e III functionally	
f	Fn	ter the number of supported							
a .		ovide the following information	-					<u></u>	
(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organizat in your g docum	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
,,,				•					
(B)			,						
· · · · · ·									
(C)									
(D)									
(E)									
(C) Total									

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.)

Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	
membership fees received. (Do not include any "unusual grants.")						
organization's benefit and either paid to or expended on its behalf						
facilities furnished by a governmental unit to the						
organization without charge						
Total. Add lines 1 through 3 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 of the support						
shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4				<u> </u>	-	
Section B. Total Support	L		_			
Calendar year (or fiscal year beginning in)	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
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						
12 Gross receipts from related activities, etc. (see instru	ıctions)					
13 First 5 years. If the Form 990 is for the organization's organization, check this box and stop here	s first, second,	third, fourth, or fi	fth tax year as a	section 501(c)(3)		
Section C. Computation of Public Support Per						
14 Public support percentage for 2024 (line 6, column (f					<u>%</u> %	
15 Public support percentage from 2023 Schedule A, Pa						
16a 33-1/3% support test—2024. If the organization did n and stop here. The organization qualifies as a public	ly supported or	ganization				
b 33-1/3% support test—2023. If the organization did no and stop here. The organization qualifies as a public	ot check a box ly supported or	on line 13 or 16a rganization	, and line 15 is 3:	3-1/3% or more, ch	eck this box	
17a 10%-facts-and-circumstances test—2024. If the organization more, and if the organization meets the facts-and-the organization meets the facts-and-circumstances to	·circumstances	test, check this b	iox and stop here	e. Explain in Part v	i now	
b 10%-facts-and-circumstances test—2023. If the organ or more, and if the organization meets the facts-and- organization meets the facts-and-circumstances test.	circumstances The organizati	test, check this b ion qualifies as a	ox and stop here publicly supporte	e. Explain in Part V d organization	I how the	
18 Private foundation. If the organization did not check	a box on line 1		or 17b, check th		ructions	

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

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

	tion A. Public Support						
Calend	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees						
	and membership fees received. (Do not include any "unusual grants.")	010 004	1,117,307.	1 206 200	721,198.	997,911.	5,041,800.
	Gross receipts from admissions,	910,994.	1,111,301.	1,200,390.	121,130.	JJ1, J11.	3,041,000.
	merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513.		0.				
Δ	Tax revenues levied for the						<u> </u>
•	organization's benefit and						
	either paid to or expended on its behalf						0.
5	The value of services or						
	facilities furnished by a governmental unit to the						_
_	organization without charge			1 000 000	E01 100	007 011	0.
	Total. Add lines 1 through 5 Amounts included on lines 1,	918,994.	1,117,307.	1,286,390.	721,198.	997,911.	5,041,800.
, 4	2, and 3 received from	_	_				•
L	disqualified persons	0.	0.	0.	0.	0.	0.
D	and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13						0
_	for the year	0. 0.	0. 0.	<u>0.</u> 0.	0.	0. 0.	0.
	Public support. (Subtract line	<u> </u>	<u> </u>	<u> </u>	U.	<u> </u>	<u>v.</u>
	7c from line 6.)						5,041,800.
	tion B. Total Support				1 1 2 2 2 2	1.0004	
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
-	Amounts from line 6	918,994.	1,117,307.	1,286,390.	721,198.	997,911.	5,041,800.
Iva	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar sources						0.
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
	Add lines 10a and 10b Net income from unrelated business	0.	0.	0.	0.	0.	0.
11	activities not included on line 10b,						
	whether or not the business is regularly carried on						0.
12	Other income. Do not include						
	gain or loss from the sale of capital assets (Explain in						_
	Part VI.)						0.
13	Total support. (Add lines 9, 10c, 11, and 12.)	918,994.	1,117,307.	1,286,390.	721,198.	997,911.	5,041,800.
14	First 5 years. If the Form 990 is	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sac	organization, check this box and tion C. Computation of Pul				.,		
<u> 15</u>	Public support percentage for 20	24 (line 8, colum	n (f), divided by li	ne 13, column (f))	15	100.00 %
	Public support percentage from						100.00 %
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	9			
17	Investment income percentage f	or 2024 (line 10c,	column (f), divid	ed by line 13, col			0.00 %
18	Investment income percentage f	rom 2023 Schedu	le A, Part III, line	17			0.00 %
19a	33-1/3% support tests—2024. If t is not more than 33-1/3%, check	the organization of this how and eto	lid not check the	box on line 14, ar	nd line 15 is more	than 33-1/3%, ar	nd line 17
b	33-1/3% support tests-2023. If t	he organization d	id not check a bo	x on line 14 or lir	ne 19a, and line 10	5 is more than 33	-1/3%, and
	line 18 is not more than 33-1/3%	, check this box	and stop here. Th	e organization qu	ialifies as a public	ly supported orga	inization
20	Private foundation. If the organia	zation did not che	ck a box on line	14, 19a, or 19b, c	check this box and		A (Farm 000) 2024

Part IV Supporting Organizations

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	terrener in the	10.00 miles (1900)
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		1.55.60

Pa	rt IV Supporting Organizations (continued)			
	Lie the service time accepted a wift an acceptable time from any of the fallowing payages?		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	Lio governing body of a supported organization	11a 11b		
	The state of the person accounts the state of the state o	(); (V);	ja v	1479.
	C A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	: As	res	NO
•	or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			T
		50 - NA	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			NI.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part Vi identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below</i> .			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a	34	
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

7

-	, , ,			
Pai	₹ V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on N	lov. 20, 1970 (explain in l st complete Sections A t	Part VI). See hrough E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		==
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount		-	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	La Caracteria	
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). BAA

Schedule A (Form 990) 2024

32-0227956

Sectio	ection D — Distributions					
1 A	mounts paid to supported organizations to accomplish exempt pu	rposes	1			
	mounts paid to perform activity that directly furthers exempt purposes excess of income from activity	of supported organizations	2			
3 A	dministrative expenses paid to accomplish exempt purposes of si	upported organizations	3			
4 Aı	mounts paid to acquire exempt-use assets		4			
5 Q	5 Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)					
6 O	6 Other distributions (describe in <i>Part VI</i>). See instructions.					
7 To	7					
	Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.					
9 Di	istributable amount for 2024 from Section C, line 6		9			
10 Li	ne 8 amount divided by line 9 amount		10			
		(i)	(ii)	/iii\		

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			
		C-1	Inda A (Farm 000) 201

BAA

Schedule A (Form 990) 2024

32-0227956

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

KARIMU	INTERNATIONAL HELP FOUNDATION	ON		32-0227956
Part I	Organizations Maintaining Donor Complete if the organization answ	Advised Funds or Othe ered "Yes" on Form 990	er Similar Funds o , Part IV, line 6.	r Accounts
		(a) Donor advised fund	ds (i) Funds and other accounts
1 Total	number at end of year			
2 Aggreg	ate value of contributions to (during year)			
3 Aggreg	ate value of grants from (during year)			
4 Aggre	egate value at end of year			
5 Did thare th	ne organization inform all donors and donor a ne organization's property, subject to the orga	advisors in writing that the ass anization's exclusive legal cor	sets held in donor advistrol?	sed funds Yes No
6 Did the for che imper	ne organization inform all grantees, donors, a paritable purposes and not for the benefit of t missible private benefit?	and donor advisors in writing the donor or donor advisor, or	hat grant funds can be for any other purpose	used only conferring Yes No
Part II	Conservation Easements Complete if the organization answ	ered "Yes" on Form 990	, Part IV, line 7.	
1 Purpo	ose(s) of conservation easements held by the	organization (check all that	apply).	
ΠP	reservation of land for public use (for example,	ecreation or education)	Preservation of a h	istorically important land area
⊢F	rotection of natural habitat		Preservation of a c	ertified historic structure
ΠP	reservation of open space			
2 Comp	lete lines 2a through 2d if the organization held ay of the tax year.	a qualified conservation contribu	ution in the form of a cor	nservation easement on the
				Held at the End of the Tax Year
	number of conservation easements			
	acreage restricted by conservation easemen			
c Numl	per of conservation easements on a certified	historic structure included on	line 2a 2c	
d Numb	per of conservation easements included on li coric structure listed in the National Register.	ne 2c acquired after July 25, 2	2006, and not on 2d	
3 Numb	er of conservation easements modified, transfer ear	red, released, extinguished, or t	erminated by the organiz	zation during the
	per of states where property subject to conse			
5 Does	the organization have a written policy regard	ling the periodic monitoring, i	nspection, handling of	violations,
	inforcement of the conservation easements i			
6 Staff	and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, ar	d enforcing conservation	n easements during the year
7 Amou	nt of expenses incurred in monitoring, inspectin	g, handling of violations, and en	forcing conservation eas	ements during the year
and s	each conservation easement reported on lin			Yes No
inclu	rt XIII, describe how the organization reports de, if applicable, the text of the footnote to the pryation easements.	conservation easements in it e organization's financial stat	s revenue and expens ements that describes	e statement and balance sheet, and the organization's accounting for
Part III	Organizations Maintaining Collect Complete if the organization answ	tions of Art, Historical [*] ered "Yes" on Form 990	Freasures, or Othe), Part IV, line 8.	er Similar Assets
histo	organization elected, as permitted under FA ical treasures, or other similar assets held fo XIII the text of the footnote to its financial sta	or public exhibition, education	, or research in further	and balance sheet works of art, ance of public service, provide in
histor follov	organization elected, as permitted under FA ical treasures, or other similar assets held for puring amounts relating to these items.	iblic exhibition, education, or re-	search in furtherance of	public service, provide the
(i) F	levenue included on Form 990, Part VIII, line	1		\$
(ii) A	ssets included in Form 990, Part X			\$
2 If the amou	organization received or held works of art, histo ints required to be reported under FASB ASC	rical treasures, or other similar at 5 p. 258 relating to these items.	assets for financial gain,	provide the following
a Reve	nue included on Form 990, Part VIII, line 1.			\$
b Asse	ts included in Form 990, Part X		. ,	\$

1 41	till Organizations main	aming con	00000115 017070, 1110	otoriour riousuros,		(
3	Using the organization's acquisition items (check all that apply).	, accession, and	d other records, check a	ny of the following that n	nake significant use of i	ts collection		
а	a Public exhibition d Loan or exchange program							
b	Scholarly research		e Other					
c	Preservation for future gener	ations						
4								
5	During the year, did the organiza to be sold to raise funds rather the	tion solicit or r nan to be main	eceive donations of ar tained as part of the c	rt, historical treasures, organization's collection	or other similar assets	Yes	No	
Par	t IV Escrow and Custod	ial Arrangeı	ments					
	Complete if the orga	ne 21.			•		on ———	
	Is the organization an agent, trus on Form 990, Part X?						No	
b	If "Yes," explain the arrangement in	Part XIII and c	omplete the following ta	able.				
						Amount		
	Beginning balance							
	Additions during the year							
	Distributions during the year							
	Ending balance							
	Did the organization include an a						No	
b	If "Yes," explain the arrangement	t in Part XIII. C	Check here if the expla	nation has been provid	ded in Part XIII		Ш	
Par								
	Complete if the orga	nization ans	swered "Yes" on F	form 990, Part IV,	line 10.			
		(a) Current y	ear (b) Prior yea	r (c) Two years bac	k (d) Three years bac	k (e) Four ye	ars back	
1a	Beginning of year balance	(u) ourrone y	Cui (sy i vior yea	(b) The your 2 au	(4) 111100 years 244			
	Contributions							
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
	Administrative expenses							
•	End of year balance			1				
	Provide the estimated percentage		t year end balance (lir	ne 1g, column (a)) neld	i as:			
	Board designated or quasi-endow		*					
b	Permanent endowment	%						
С	Term endowment	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
	The percentages on lines 2a, 2b, ar	nd 2c should eq	ual 100%.					
За	Are there endowment funds not in t	he possession o	of the organization that a	are held and administere	d for the			
	organization by:	,	•			Yes	No	
	(i) Unrelated organizations?							
	(ii) Related organizations?							
b	If "Yes" on line 3a(ii), are the rela	ated organizati	ons listed as required	on Schedule R?		3b		
_4	Describe in Part XIII the intended	uses of the o	rganization's endowm	ent funds.				
Par	t VI Land, Buildings, and	d Equipmer	nt					
1250125-12502	Complete if the organizati			IV, line 11a. See Form	990, Part X, line 10.			
	Description of property		a) Cost or other basis (investment)		(c) Accumulated depreciation	(d) Book	value	
1a	Land		((-1.01)				
	Buildings					***		
	Leasehold improvements	<u> </u>						
	Equipment	<u> </u>						
	Other	ļ						
			ial Form and Part V	line 10e column (D)			0	
	I. Add lines 1a through 1e. (Colum	ın (a) must eqt	iai rorm 990, Part X,	iirie Tuc, culumn (B)).		<u>· </u> orm 990) (Rev. 1	0. 2-2024)	
BAA					Juliedule D (F	CHILL DOOD (UCAL)	~~/	

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	 Other Securities rganization answered "Yes" on 	Form 990 Part IV line	11h Soo F	orm 990 Part X line 12	
(a) Description of security or cate		(b) Book value		Method of valuation: Cost or end-	of-vear market value
(1) Financial derivatives		(b) Book talas	(0)	, motivo di valaditoti doct di dila	
(2) Closely held equity interes	1	154,601.	End of	Year Market Valu	e
(3) Other		134,001.	BIIG OI	TCar Harket Vara	
(A)					
(B)					
(C)					
(D)					
<u>```</u>					
``` (F)					
<u>(G)</u>					
<u></u>					
Total. (Column (b) must equal Form 5	990, Part X, line 12, column (B))	154,601.			
Part VIII Investments	- Program Related		11 0 5	N/A	
Complete if the o	rganization answered "Yes" on	(b) Book value	IIC. See F	orm 990, Part X, line 13. od of valuation: Cost or end	t of year market value
	investment	(b) Book value	(c) Metri	od of valuation. Cost of end	1-01-year market value
(1)			<u> </u>		
(2)					
(3)			-		
(4)					
(5)					
(6)					
(7) (8)					
(9)					
Total. (Column (b) must equal Form S	990 Part X line 13 column (B))				
Part IX Other Assets		N/A			
Complete if the o	rganization answered "Yes" on	Form 990, Part IV, line		orm 990, Part X, line 15.	
	(a) Des	scription			(b) Book value
(1)					
(2)					
(3)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equa		olumn (B))		,	
Part X Other Liabilit	ies rganization answered "Yes" on	Form 990 Part IV line	11a or 11f	See Form 990 Part X line	25
1.		ption of liability	TIC OF TIE	. 000 TOTHE 000, T dit A, HIIO	(b) Book value
(1) Federal income taxes	(4, 2 3 3 3)				
(2) VOLUNTEER TRIPS					17,050.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
Total. (Column (b) must equal	Form 990 Part Y line 25 or	olumn (R))			17,050.
2. Liability for uncertain tax positions.	In Part XIII provide the text of the fo	otnote to the organization's fi	inancial staten	nents that reports the organization'	
tax positions under FASB ASC 740. Ch	eck here if the text of the footnote has	been provided in Part XIII.			
		•		Calcadala D /Fa	000\ (Day 12 2024\

Par	Reconciliation of Revenue per Audited Financial Statemer	its With Revenue per Re	eturn N/A
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Par	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990,		Return N/A
1	Total expenses and losses per audited financial statements		1
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities	22	
	Prior year adjustments		
	Other losses.		
-	Other (Describe in Part XIII.)		
	Add lines 2a through 2d.		2e
	Subtract line 2e from line 1.		3
-	Amounts included on Form 990, Part IX, line 25, but not on line 1:	I I	
	Investment expenses not included on Form 990, Part VIII, line 7b.	4a	
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		4c
_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
	XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) (Rev. 12-2024)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

KARIMU INTERNATIONAL HELP FOUNDATION 32-0227956 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). 2 3 Aggregate value of grants from (during year) Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?..... Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements..... 2b **b** Total acreage restricted by conservation easements..... c Number of conservation easements on a certified historic structure included on line 2a...... 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 \$ Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Part III 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. **b** If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X.....

Page 2 Schedule D (Form 990) (Rev. 12-2024) KARIMU INTERNATIONAL HELP FOUNDATION 32-0227956 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Public exhibition Loan or exchange program Other Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets No to be sold to raise funds rather than to be maintained as part of the organization's collection?.... Yes **Escrow and Custodial Arrangements** Part IV 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 No Yes on Form 990, Part X?..... **b** If "Yes," explain the arrangement in Part XIII and complete the following table. Amount c Beginning balance..... 1c 1d d Additions during the year..... e Distributions during the year..... 1e f Ending balance..... 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?..... No **b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII..... **Endowment Funds** Part V Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (e) Four years back (a) Current year (b) Prior year (c) Two years back 1a Beginning of year balance..... **b** Contributions..... c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance

а	Board designated or quasi-endowment %			
b	Permanent endowment %			
С	Term endowment %			
	The percentages on lines 2a, 2b, and 2c should equal 100%.			
За	Are there endowment funds not in the possession of the organization that are held and administered for the			····
	organization by:		Yes	No
	(i) Unrelated organizations?	3a(i)		
	(ii) Related organizations?	3a(ii)		
	of "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

P	art VI	Land	, Building	s, and E	Equipment
---	--------	------	------------	----------	-----------

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

Describe in Part XIII the intended uses of the organization's endowment funds.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total Add lines 1a through 1e (Column (d) must e	gual Form 990, Part X, li	ne 10c. column (B))		0

BAA

Schedule D (Form 990) (Rev. 12-2024)

Part VII	Investments — Other Securities Complete if the organization answered "Yes" or	Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
	on of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value
	derivatives			
• •	ld equity interests	154,601.	End of Year Market Value	
(3) Other				
(A) (B)				
<u>(C)</u> – – – –				
(D)				
(C) (D) (E)				
(F)				
<u>`(G)</u>				
``				
	b) must equal Form 990, Part X, line 12, column (B))	154,601.		
Part VIII	nvestments – Program Related		N/A	Mario de Caracina de La Caracina de Ca
(Complete if the organization answered "Yes" or		11c. See Form 990, Part X, line 13.	
(6	a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, line 13, column (B))			
Part IX	Other Assets	N/A		
	Complete if the organization answered "Yes" or	1 Form 990, Part IV, IINE	11d. See Form 990, Part X, line 15.	(b) Book value
(1)	(a) 50	Surption		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	W. C.			
(9)				
	n (b) must equal Form 990, Part X, line 15, o	column (B))		
Part X	Other Liabilities Complete if the organization answered "Yes" or	Form 900 Part IV line	11e or 11f See Form 990 Part X line 2	5
1.		ription of liability	THE OF THE SECTION 330, Fait X, INC 20	(b) Book value
	income taxes	Tp. or or making		
	TEER TRIPS			17,050
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				·
Total. (Column	n (b) must equal Form 990, Part X, line 25, c	olumn (B))		17,050
	certain tax positions. In Part XIII, provide the text of the fo			
tax positions unde	r FASB ASC 740. Check here if the text of the footnote ha	s been provided in Part XIII		m 990) (Pay 12-2024)

Part XI Reconciliation of Revenue per Audited Financial Statements	s With Revenue per Re	eturn N/A
Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments.	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
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		
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Part XII Reconciliation of Expenses per Audited Financial Statemen		Return N/A
Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		_
c Add lines 4a and 4b		40
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5
Part XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) (Rev. 12-2024)

SCHEDULE F (Form 990) (Rev. December 2024)

Department of the Treasury Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

KARIMU INTERNATIONAL HELP FOUNDATION 32-0227956 Part | General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ... |X| Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (f) Total (a) Region expenditures for offices in the employees, the region (by type) (such (d) is a program agents, and as, fundraising, program service, describe and investments region independent services, investments, specific type of in the region contractors grants to recipients service(s) in in the region located in the region) the region Pt V PUBLIC WORKS 703,926. (1) TANZANIA 1 (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)(12)(13)(14)(15)(16)703,926. 3a Subtotal..... 1 **b** Total from continuation sheets to Part I.....

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

c Totals (add lines 3a and 3b).

Schedule F (Form 990) (Rev. 12-2024)

703,926.

32-0227956

Schedule F (Form 990) (Rev. 12-2024)

valuation (book, FMV, appraisal, other) Schedule F (Form 990) (Rev. 12-2024) (i) Method of Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (h) Description of noncash assistance (g) Amount of noncash assistance (f) Manner of cash disbursement WIRE 752,566. (e) Amount of cash grant (d) Purpose of grant (c) Region TANZANIA Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) (a) Name of organization BAA m ~ _

Schedule F (Form 990) (Rev. 12-2024) KARIMU INTERNATIONAL HELP FOUNDATION

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

Page 3

(4) (5) (6) (8) (9) (10)	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(12) (13) (14) (15) (17) (18) BAA						Schedule F (Form 990) (Rev. 12-2024)	0) (Rev. 12-2024)

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

Supplemental Information Part V

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 3f - Investments & Expenditures Per Region

IN RECENT YEARS, KARIMU ?S FUNDRAISING CAPACITY GREW EXPONENTIALLY, ENABLING US TO ACHIEVE FAR MORE IN THE WAY OF SCHOOL AND CLINIC CONSTRUCTION AND PROVISION OF CLEAN WATER FOR THE RESIDENTS OF THE VILLAGES WHERE WE WORK, IN A REMOTE PART OF THE BABATI DISTRICT, IN THE MANYARA REGION OF TANZANIA. BUT THE HEAVIER WORKLOAD ALSO RENDERED KARIMU'S ORIGINAL MODEL, CONCEIVED AT THE TIME OF ITS 2008 FOUNDING, UNFEASIBLE. KARIMU COULD NOT MANAGE A LARGE NUMBER OF LARGE-SCALE PROJECTS BY SENDING TWENTY OR THIRTY (MOSTLY AMERICAN) VOLUNTEERS TO THE VILLAGES FOR TWO WEEKS EVERY YEAR TO HELP WITH AND CHECK ON THE WORK DONE BY TANZANIAN BUILDERS HIRED AND THEREFORE, ON MARCH 27, SUPERVISED ON KARIMU'S BEHALF BY TWO TANZANIAN VOLUNTEERS. 2018, KARIMU ESTABLISHED KARIMU HEART AND SPIRIT ORGANIZATION (KAHESO) IN TANZANIA AND REGISTERED IT THERE AS A NONPROFIT ORGANIZATION (NGO) DIRECTED BY A TANZANIAN VOLUNTEER BOARD. THE KAHESO STAFF NOW CONSISTS OF EIGHT FULL-TIME TANZANIAN EMPLOYEES. ONE EMPLOYEE MANAGES THE OTHERS, EACH OF WHOM IS RESPONSIBLE FOR OVERSEEING OUR WORK IN A DISTINCT AREA: WE HAVE, E.G., ONE EMPLOYEE OVERSEEING CONSTRUCTION, ONE OVERSEEING THE MEDICAL AREA, ONE OVERSEEING EDUCATION, ETC. DONATIONS BY KARIMU NOW TAKE THE FORM OF PAYMENTS TO KAHESO, AN ENTITY LEGALLY SEPARATE FROM KARIMU. KARIMU HAS NO LEGAL CLAIM ON THE KAHESO BANK ACCOUNT, NOR DOES KARIMU HAVE LEGAL CONTROL OVER THE MONEY IT WIRES TO KAHESO. USE BY KAHESO OF KARIMU FUNDS IN ACCORDANCE WITH KARIMU'S INTENTIONS (AND THOSE OF THE TANZANIANS SERVED BY KARIMU) DEPENDS ON KAHESO'S UNDERSTANDING THAT RECEIPT OF SUBSEQUENT DONATIONS DEMANDS THAT KAHESO ACT IN GOOD FAITH. PAYMENTS TO KAHESO ENABLE PAYMENT OF THE KAHESO EMPLOYEE'S SALARIES, WHICH ARE FAIR BY TANZANIAN STANDARDS. HOWEVER, SINCE THE SALARIES ARE POOR BY AMERICAN STANDARDS, THE GREAT BULK OF KARIMU FUNDS DONATED TO KAHESO GOES TOWARD BUILDING OR IMPROVING SCHOOLS, CLINICS, AND CLEAN-WATER INFRASTRUCTURE IN THE VILLAGES. KARIMU'S WORKFORCE OUTSIDE OF TANZANIA IS

Supplemental Information Part V

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 3f - Investments & Expenditures Per Region (continued)

OF SEVERAL DOZEN VOLUNTEERS (IN MOST CASES PAST BUSINESS ASSOCIATES OF THE COO, KNOWN TO HIM FROM HIS TIME AS A GOOGLE VP) LIVING MAINLY IN THE U.S., BRAZIL, ENGLAND, AND GERMANY. THESE VOLUNTEERS ADVISE THE KAHESO EMPLOYEES. SOME VOLUNTEERS ALSO HELP OUR COO TRACK EXPENSES, SINCE KARIMU BELIEVES THAT BY KEEPING A CLOSE EYE ON COSTS AND BY MAINTAINING AN ALL-VOLUNTEER NON-TANZANIAN WORKFORCE, WE CAN EXTRACT, ON BEHALF OF THE VILLAGERS WE SERVE, THE MAXIMUM POSSIBLE VALUE FROM OUR DONATIONS.

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

TERT		HELD BOHND	3 III T () M		32-02279	E <i>C</i>
Pai	IMU INTERNATIONAL	HELP FOUND	ATTON oc Outside the	e United States. Complet		
rai	on Form 990, Par	t IV. line 14b.	es Outside tin	e Officed States. Complet	e ii tile organization	Tallswored 103
1	For grantmakers Does the	organization mai	ntain records to s	substantiate the amount of its g	grants and other assista	nce,
-	the grantees' eligibility for	the grants or assis	stance, and the s	election criteria used to award	the grants or assistance	e?XYes No
2	For grantmakers. Describe in United States.	n Part V the organiz	zation's procedures	s for monitoring the use of its gra	nts and other assistance	outside the
3	Activities per Region. (The	following Part I, I	ine 3 table can b	e duplicated if additional space	is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region Pt V
(1)	TANZANIA	1		1	PUBLIC WORKS	703,926.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
	Subtotal	1				703,926.
b	Total from continuation sheets to Part I					

c Totals (add lines 3a and 3b). . .

703,926.

Schedule F (Form 990) (Rev. 12-2024) KARIMU INTERNATIONAL HELP FOUNDATION

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

(f) Method of valuation (book, FMV, appraisal, other)								-	0		10) (Rev. 12-2024)
(h) Description of noncash assistance									3)		Schedule F (Form 990) (Rev. 12-2024)
(g) Amount of noncash assistance									ax exempt 501(c)(3		
(f) Manner of cash disbursement	WIRE								, recognized as a t		ī
(e) Amount of cash grant	752, 566. WIRE								the foreign country: equivalency letter.		
(d) Purpose of grant									 as charities by tetion 501(c)(3)		
(c) Region	TANZANIA			:					nat are recognized I has provided a se		
(b) IRS code section and EIN (if applicable)									zations listed above tl he grantee or counse	ons or entities	
(a) Name of organization									2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.		ВАА

Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. 32-0227956 Schedule F (Form 990) (Rev. 12-2024) KARIMU INTERNATIONAL HELP FOUNDATION

Part III Grants and Other Assistance to Individuals Outside the United State

(a) Type of grant or assistance (b) (c) (d) (d) (10) (11) (12) (13) (14)	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, appraisal, other)
(17)							
ВАА			TEEA3503L 01/15/25			Schedule F (Form 990) (Rev. 12-2024)	0) (Rev. 12-2024)

Sch	edule F (Form 990)(Rev. 12-2024)KARIMU INTERNATIONAL HELP FOUNDATION	32-0227956	Page
Pa	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926).	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receip of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	ot S	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Foreign Corporations (see the Instructions for Form 5471).		X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a clecting fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	the	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Fore Partnerships (see the Instructions for Form 8865)	eign ·····Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year If "Yes," the organization may be required to separately file Form 5713, International Boycott Report the Instructions for Form 5713; don't file with Form 990).	(see	X No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 3f - Investments & Expenditures Per Region

IN RECENT YEARS, KARIMU ?S FUNDRAISING CAPACITY GREW EXPONENTIALLY, ENABLING US TO ACHIEVE FAR MORE IN THE WAY OF SCHOOL AND CLINIC CONSTRUCTION AND PROVISION OF CLEAN WATER FOR THE RESIDENTS OF THE VILLAGES WHERE WE WORK, IN A REMOTE PART OF THE BABATI DISTRICT, IN THE MANYARA REGION OF TANZANIA. BUT THE HEAVIER WORKLOAD ALSO RENDERED KARIMU'S ORIGINAL MODEL, CONCEIVED AT THE TIME OF ITS 2008 FOUNDING, UNFEASIBLE. KARIMU COULD NOT MANAGE A LARGE NUMBER OF LARGE-SCALE PROJECTS BY SENDING TWENTY OR THIRTY (MOSTLY AMERICAN) VOLUNTEERS TO THE VILLAGES FOR TWO WEEKS EVERY YEAR TO HELP WITH AND CHECK ON THE WORK DONE BY TANZANIAN BUILDERS HIRED AND SUPERVISED ON KARIMU'S BEHALF BY TWO TANZANIAN VOLUNTEERS. THEREFORE, ON MARCH 27, 2018, KARIMU ESTABLISHED KARIMU HEART AND SPIRIT ORGANIZATION (KAHESO) IN TANZANIA AND REGISTERED IT THERE AS A NONPROFIT ORGANIZATION (NGO) DIRECTED BY A TANZANIAN VOLUNTEER BOARD. THE KAHESO STAFF NOW CONSISTS OF EIGHT FULL-TIME TANZANIAN EMPLOYEES. ONE EMPLOYEE MANAGES THE OTHERS, EACH OF WHOM IS RESPONSIBLE FOR OVERSEEING OUR WORK IN A DISTINCT AREA: WE HAVE, E.G., ONE EMPLOYEE OVERSEEING CONSTRUCTION, ONE OVERSEEING THE MEDICAL AREA, ONE OVERSEEING EDUCATION, ETC. DONATIONS BY KARIMU NOW TAKE THE FORM OF PAYMENTS TO KAHESO, AN ENTITY LEGALLY SEPARATE FROM KARIMU. KARIMU HAS NO LEGAL CLAIM ON THE KAHESO BANK ACCOUNT, NOR DOES KARIMU HAVE LEGAL CONTROL OVER THE MONEY IT WIRES TO KAHESO. USE BY KAHESO OF KARIMU FUNDS IN ACCORDANCE WITH KARIMU'S INTENTIONS (AND THOSE OF THE TANZANIANS SERVED BY KARIMU) DEPENDS ON KAHESO'S UNDERSTANDING THAT RECEIPT OF SUBSEQUENT DONATIONS DEMANDS THAT KAHESO ACT IN GOOD FAITH. PAYMENTS TO KAHESO ENABLE PAYMENT OF THE KAHESO EMPLOYEE'S SALARIES, WHICH ARE FAIR BY TANZANIAN STANDARDS. HOWEVER, SINCE THE SALARIES ARE POOR BY AMERICAN STANDARDS, THE GREAT BULK OF KARIMU FUNDS DONATED TO KAHESO GOES TOWARD BUILDING OR IMPROVING SCHOOLS, CLINICS, AND CLEAN-WATER INFRASTRUCTURE IN THE VILLAGES. KARIMU'S WORKFORCE OUTSIDE OF TANZANIA IS

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 3f - Investments & Expenditures Per Region (continued)

OF SEVERAL DOZEN VOLUNTEERS (IN MOST CASES PAST BUSINESS ASSOCIATES OF THE COO, KNOWN TO HIM FROM HIS TIME AS A GOOGLE VP) LIVING MAINLY IN THE U.S., BRAZIL, ENGLAND, AND GERMANY. THESE VOLUNTEERS ADVISE THE KAHESO EMPLOYEES. SOME VOLUNTEERS ALSO HELP OUR COO TRACK EXPENSES, SINCE KARIMU BELIEVES THAT BY KEEPING A CLOSE EYE ON COSTS AND BY MAINTAINING AN ALL-VOLUNTEER NON-TANZANIAN WORKFORCE, WE CAN EXTRACT, ON BEHALF OF THE VILLAGERS WE SERVE, THE MAXIMUM POSSIBLE VALUE FROM OUR DONATIONS.

Noncash Contributions

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

2024

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

KARIMU INTERNATIONAL HELP FOUNDATION

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

Open to Public Inspection

Employer identification number

32-0227956

<u> </u>	Some				·		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	(d) od of determi contribution	ning amounts
1 /	Art — Works of art						
2 /	Art - Historical treasures						
3 A	Art — Fractional interests						
4 E	Books and publications						
5 (Clothing and household goods						
6 (Cars and other vehicles						
7 E	Boats and planes						
8	ntellectual property						
9 5	Securities – Publicly traded						
10 5	Securities - Closely held stock						
11 5	Securities — Partnership, LLC, or trust interests .			153,481.			
12 5	Securities - Miscellaneous						
	Qualified conservation contribution – Historic structures						
14 (Qualified conservation contribution - Other						
15 F	Real estate – Residential						
16 F	Real estate — Commercial						
17 F	Real estate – Other						
18	Collectibles						
19 F	Food inventory						
20 [Orugs and medical supplies						
21 T	Taxidermy						
22 H	Historical artifacts						
23 S	Scientific specimens						
24 /	Archeological artifacts						
25 (Other ()						
26 (Other ()						
27 (Other ()						
28 (Other ()						
	Number of Forms 8283 received by the organization d organization completed Form 8283, Part V, Dones				29		
						Yes	No
it	During the year, did the organization receive by contri t must hold for at least 3 years from the date of t	he initial con	tribution, and which is	n't required to be used			
	for exempt purposes for the entire holding period?	<i>(</i>				30 a	X
	f "Yes," describe the arrangement in Part II.			- نا طالباد د المعمل مسلم ساد	no?	21	v
	Does the organization have a gift acceptance police				ms/	31	X
C	Does the organization hire or use third parties or recontributions?					32 a	Х
	f "Yes," describe in Part II.						
	f the organization didn't report an amount in colu describe in Part II.	mn (c) for a	type of property for wh	nich column (a) is chec	ked,		

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.

Noncash Contributions

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

Attach to Form 990.

2024

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

KARIMU INTERNATIONAL HELP FOUNDATION

32-0227956

	t I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	(d od of d contrib	etermin	ing mounts
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 .			153,481.				
	Securities – Miscellaneous			100/101.				
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other							
15	Real estate – Residential							
16	Real estate — Commercial							
	Real estate — Other.							
17	Collectibles.							
18								
19	Food inventory Drugs and medical supplies					***************************************		
20 21								
21	Taxidermy.							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part V, Dones	luring the tax e Acknowled	year for contributions for gement	or which the	29			
							Yes	No
30 a	During the year, did the organization receive by contribution it must hold for at least 3 years from the date of the for exempt purposes for the entire holding period	he initial cor	ntribution, and which is	sn't required to be used		30 a		X
Į.	If "Yes," describe the arrangement in Part II.	,				32500		
	Does the organization have a gift acceptance poli	cy that requi	res the review of any	nonstandard contribution	ns?	31		Х
								71
	Does the organization hire or use third parties or contributions?					32 a		X
	off "Yes," describe in Part II.		tune of premarks for	thich column (a) is short	kod			
33	If the organization didn't report an amount in colu describe in Part II.	imn (c) for a	type of property for w	milion column (a) is chec	ncu,			

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

Schedule M (Form 990) 2024

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.

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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OMB No. 1545-0047

Open to Public Inspection

KARIMU INTERNATIONAL HELP FOUNDATION

Employer identification number 32-0227956

Form 990, Part III, Line 4a - Program Service Accomplishments

In Arri Ward, 20,000 people have access to clean water within 500 meters of their homes and a water committee maintains all 211 water points, 11 tanks, and 80 miles of pipes. The community is healthier and time previously spent carrying water great distances can now be spent on study by children and on income development by adults. New bathrooms for schools in Sharmo and Dohom Frequent flooding had made the Sharmo Primary School bathrooms barely usable. Tanzania?s government had threatened to close Dohom Secondary School because of its unsanitary bathrooms. Now, however, the Sharmo and Dohom students are no longer at risk for stomach disease or urinary ?New bathrooms for Sharmo Primary School - 326 students tract infections. and eight teachers ?New bathrooms for Dohom Secondary School - 299 students 4,861 students and 113 teachers attended the and 13 teachers Hygiene Training yearly hygiene training, reaching 100% attendance across Arri?s nine schools. Financial Services Ten Arri savings groups, comprising 274 members, now manage \$41K in assets. One in eleven Arri households belong to a savings group, 14% of young adults take part, and 80% of savings groups members are women. Income Biochar has demonstrated strong community impact by eliminating the use of industrial fertilizers and pesticides contributing to both economic and environmental sustainability. In 2024, 314 farmers produced 287,000 lb., generating an increase in yield of approximately \$120 per farmer on a two-acre farm of maize which is typical for the area. The project also successfully targeted vulnerable groups with 23% of 42 new graduates from our participants being poorest families and 32% youth. entrepreneurship training - 31% youth, 40% women Graduates have shown a median income increase of 164%. Education Students in rural Tanzania face challenges that their urban counterparts never encounter. Rural students often walk long distances to

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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KARIMU INTERNATIONAL HELP FOUNDATION

32-0227956

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Form 990, Part III, Line 4a - Program Service Accomplishments

typically short of books and other educational materials, as well as clean bathrooms. Karimu helps rural students beat the odds by building classrooms, bathrooms, and even student hostels. We have more to do, especially in Arri Ward, yet the academic improvements seen so far motivate us to keep going so that every student can go to high school and have a chance to attend university. Arri?s two secondary schools, Dohom and Tsaavo, boast a 100% National Exam pass rate. ?Teachers of Dohom Secondary School successfully completed computer training and received a photocopy ?Yearly awareness of importance of education - 4,861 students and machine their parents educated ?Seven teachers from Arri received scholarships from Karimu to pursue their university degree. ?School maintenance - time to fix incidents dramatically decreased, indicating excellent maintenance of the schools Health 1530 pregnancy checkups, 102 babies born safely, (both Arri and Ayalagaya) 4,104 pediatric visits, 10,448 vaccinations, 3,188 women served in family planning, Training on infant and newborns care - almost and 1,852 general medicine visits 3,900 women trained Cases of syphilis dramatically down - only two cases all year 100% of pregnant women tested for levels of hemoglobin. Cases of tuberculosis have dramatically decreased since Karimu started to run quarterly education and testing 100% of schoolgirls eligible for vaccination fully campaigns four years ago. Prevention of anemia during pregnancy - 100% of pregnant immunized against HPV women received WHO recommended supplements Four doctors and nurses successfully graduated from training on medical emergencies provided by Albert Einstein Medical Dareda Kati Health Center, serving 40,000 people, Center Ayalagaya Health recognized by Tanzania?s government as the best in the Manyara Region. Patients come from other districts to receive care and medical staff travel from outside Manyara

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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32-0227956

Employer identification number

Form 990, Part III, Line 4a - Program Service Accomplishments

born safely, 6,463 pediatric visits, 17,853 vaccinations, 6,753 women served in family planning, 8,198 general medicine visits, 520 patients admitted in overnight ?Scholarship for two doctors to obtain a specialization in radiology in order to open the radiology department at Dareda Kati Health Center and in anesthesia ?100% of schoolgirls eligible for vaccination fully immunized against HPV ?Three tuberculosis campaigns executed - cases are declining - project completed because cases have drastically dropped since the campaign began four years ?HB Syphilis- almost 2,700 people tested, only 140 cases identified testing for pregnant women - 898 women tested ?Training on infant and newborns care ? almost 7,000 women trained ?Prevention of anemia during pregnancy - 100% of pregnant women received WHO recommended supplements ?Introduction of a new dental care program at Dareda Kati Health Center - 408 people screened and treated (including 100 children) ?Clinic maintenance number of incidents going down and time to fix incidents far below the expected period, indicating projects are well maintained Avalagava Secondary and Education High School have continued to thrive and excel in the National Exam. A school that once ranked 2,000th in the nation can now boast that all secondary school students passed the National Exam, meaning they have the potential to excel in high school and go on to college or university. As Ayalagaya has been recognized as the third best secondary school in the country, many students from outside the area request to transfer to Ayalagaya. Ayalagaya High School ranked best in the Manyara Region and 22nd in the nation, including all private schools that have every possible resource available. Remodel of Ufani Primary School - 463 students and nine teachers ?Construction of three classrooms and one teachers office for children with

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

KARIMU INTERNATIONAL HELP FOUNDATION

Employer identification number 32–0227956

Form 990, Part III, Line 4a - Program Service Accomplishments

?Completion of all classroom construction at Gajal Primary School - 798 students and 12 teachers Sanitation Ayalagaya now has a fully functioning water committee that maintains 93 water points. The committee acts as stewards who protect the precious resource so that the 15,000 people can continue to have access to clean water, which means they now can lead more healthy and prosperous lives. Services Ayalagaya Ward?s model savings groups By mid-2025, Ayalagaya Ward will achieve self-sufficiency in operating its financial services and in training new savings groups. One in four households ? Karimu?s goal ? will belong to a savings group. In addition, Ayalagaya?s Federation of Savings Groups has been assessed as 99% effective, meaning that federation members will have access to bigger loans and thus to the possibility of greater financial success. Attaining self-sufficiency will enable Ayalagaya to prosper for many generations to come. Since program inception average annualized savings per member has increased by 88% More than one in five savings group members are young adults and 83% are women, so these two groups with special need of financial help now have a path to independence. of savings groups in Ayalagaya now with 10 members and a performance assessed at 99%, ensuring solid effectiveness We have met all goals for financial assistance and graduated groups for Ayalagaya and Arri. We have provided \$77,379 in financial assistance from inception of the program to YE 2024 with zero late payments. We continue to score above the Tanzanian Return on Savings metric (we have a RoS of 29% while Tanzania overall has 17%). We also have given the Ayalagaya Federation \$24,642 in financial assistance.

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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32-0227956

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Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

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Form 990, Part III, Line 4a - Program Service Accomplishments

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Form 990, Part III, Line 4a - Program Service Accomplishments

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(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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Employer identification number

Form 990, Part III, Line 4a - Program Service Accomplishments

born safely, 6,463 pediatric visits, 17,853 vaccinations, 6,753 women served in family planning, 8,198 general medicine visits, 520 patients admitted in overnight ward ?Scholarship for two doctors to obtain a specialization in radiology in order to open the radiology department at Dareda Kati Health Center and in anesthesia ?100% of schoolgirls eligible for vaccination fully immunized against HPV ?Three tuberculosis campaigns executed - cases are declining - project completed because cases have drastically dropped since the campaign began four years Syphilis- almost 2,700 people tested, only 140 cases identified ?HB testing for pregnant women - 898 women tested ?Training on infant and newborns care ? almost 7,000 women trained ?Prevention of anemia during pregnancy - 100% of pregnant women received WHO recommended supplements ?Introduction of a new dental care program at Dareda Kati Health Center - 408 people screened and treated (including 100 children) ?Clinic maintenance number of incidents going down and time to fix incidents far below the expected period, indicating projects are well maintained Education Ayalagaya Secondary and High School have continued to thrive and excel in the National Exam. A school that once ranked 2,000th in the nation can now boast that all secondary school students passed the National Exam, meaning they have the potential to excel in high school and go on to college or university. As Ayalagaya has been recognized as the third best secondary school in the country, many students from outside the area request to transfer to Ayalagaya. Ayalagaya High School ranked best in the Manyara Region and 22nd in the nation, including all private schools that have every possible resource Remodel of Ufani Primary School - 463 students and nine teachers ?Construction of three classrooms and one teachers office for children with

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

KARIMU INTERNATIONAL HELP FOUNDATION

32-0227956

Form 990, Part III, Line 4a - Program Service Accomplishments

?Completion of all classroom construction at Gajal Primary School - 798 students and 12 teachers Sanitation Ayalagaya now has a fully functioning water committee that maintains 93 water points. The committee acts as stewards who protect the precious resource so that the 15,000 people can continue to have access to clean water, which means they now can lead more healthy and prosperous lives. Services Avalagava Ward?s model savings groups By mid-2025, Ayalagaya Ward will achieve self-sufficiency in operating its financial services and in training new savings groups. One in four households ? Karimu?s goal ? will belong to a savings group. In addition, Ayalagaya?s Federation of Savings Groups has been assessed as 99% effective, meaning that federation members will have access to bigger loans and thus to the possibility of greater financial success. Attaining self-sufficiency will enable Ayalagaya to prosper for many generations to come. Since program inception average annualized savings per member has increased by 88% More than one in five savings group members are young adults and 83% are women, so these two groups with special need of financial help now have a path to independence. ?Federation of savings groups in Ayalagaya now with 10 members and a performance assessed at 99%, ensuring solid effectiveness We have met all goals for financial assistance and graduated groups for Ayalagaya and Arri. We have provided \$77,379 in financial assistance from inception of the program to YE 2024 with zero late payments. We continue to score above the Tanzanian Return on Savings metric (we have a RoS of 29% while Tanzania overall has 17%). We also have given the Ayalagaya Federation \$24,642 in financial assistance.

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

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Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.