## 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

▶ 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. Inspection

Department of the Treasury Internal Revenue Service

A I	For the	2020 calendar year, or tax year beginning and	ending	_	
B	Check if applicable	C Name of organization American Relief Agency for the		D Employer identifie	cation number
	Addres				
	Name change	Doing business as		41-19897	14
	Initial return	,	Room/suite	E Telephone number	
	Final return/	3900 Jackson Ste NE Ste 10		763-270-	
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,093,153.
L	Amend return	COLUMNIA HEIGHES, MN 33421		H(a) Is this a group re	
	Applica tion pendin			for subordinates	
_		same as C above		H(b) Are all subordinates in	
		empt status: X 501(c)(3)	or 527		list. See instructions
		e: ▶ araha.org organization: X   Corporation   Trust   Association   Other ▶	I Veer	H(c) Group exemption	
		organization: X Corporation Trust Association Other ►  Summary	L Year	of formation: 2000  N	1 State of legal domicile: MN
Г		Briefly describe the organization's mission or most significant activities: ARAHA	A stri	770g to alle	viato human
ce	1 1	suffering and build self-reliant communit	ries	by providing	n
nan		Check this box  if the organization discontinued its operations or dispose			-
Activities & Governance		-			8
ဗိ		Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)			8
ري م		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			7
iţie		Total number of volunteers (estimate if necessary)			13
ξį	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		5,030,205.	6,050,873.
nue	1	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ш.	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,112.	14,819.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		5,032,317.	6,065,692.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	5,566,686.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\cdot}$		466,807.	489,585.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́	b d	Total fundraising expenses (Part IX, column (D), line 25)  291, 20	01.	4 274 261	242 000
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,374,261.	
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,841,068. 191,249.	6,399,151.
_ S	19	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances		Tabel access (Days V. line 10)	Ве	eginning of Current Year 1,631,777.	End of Year 1,347,214.
Asse Bala	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		256,521.	305,417.
Net/ und	22	Net assets or fund balances. Subtract line 21 from line 20	·····	1,375,256.	1,041,797.
Pá	art II	Signature Block		2707072000	2/022//5//
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	v knowledge and belief, it is
		t, and complete. Declaration of preparer (Aher than officer) is based on all information of wh			, ,
		Moland		5/5/2	021
Sig	n	Signature of officer		Date	· - ·
Her		▲ Mohamed Idris, Executive Director			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	d	Steven D. Anseth, CPA Steven D. Anseth	h, CP0	05/04/21 self-employe	
Pre	parer	Firm's name ▶ Abdo, Eick & Meyers, LLP			41-1397419
Use	Only	Firm's address 5201 Eden Avenue, Suite 250			
_		Edina, MN 55436		Phone no.95	2-835-9090
May	y the IF	RS discuss this return with the preparer shown above? See instructions		<del>.</del>	X Yes No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ARAHA strives to alleviate human suffering and build self-reliant
	communities, by providing humanitarian aid and empowering individuals
	in the Horn of Africa and here at home.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5,943,192. including grants of \$ 5,566,686. ) (Revenue \$)
	ARAHA provides various relief and development programs to the needy in
	the Horn of Africa. The relief projects during humanitarian crisis
	include food distribution, shelter construction, and emergency
	healthcare. The development efforts include the building of schools and
	the distribution of school supplies, books, and computers to schools as
	well as student support; digging community water wells; and projects
	that empower families by providing them with tools that generate income
	such as water tankers, dairy goats and cows, and other small entrepreneurial projects.
	entrepreneurial projects.
<del></del>	
4b	(Code:) (Expenses \$
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$)
	, (,,,
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 5,943,192.
	Form <b>990</b> (2020)

# Form 990 (2020) Horn of Africa Part IV Checklist of Required Schedules

1 Is the organization described in section 5915(c)(3) or 4947(a)(1) (other than a private foundation?  1				Yes	NO
2 Is the organization equiled to complete Schedule <i>B</i> , Schedule of Contribution 20  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  Section 801(c)(8) organizations. Did the organization engage in lobbying activities, or have a section 501(f) election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization ascions 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedules 9819 If "Yes," complete Schedule C, Part III  Did the organization mantatin 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 "Wes," complete Schedule D, Part II  Did the organization mantatin any donor advised funds or any similar funds or accounts If "Wes," complete Schedule D, Part II  Did the organization mantatin collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part III  Did the organization mantatin collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part III  Did the organization ment in Part X, line 21, for escrove or custodial account liability, serve as a custodian for amounts not listed in Part X, in Part X, line 21, for escrove or custodial account liability, serve as a custodian for in quasi indovements? If "Yes," complete Schedule D, Part V  Did the organization directly or through a related organization, hold assets in donor-restricted endowments  or in quasi indovements? If "Yes," complete Schedule D, Part X in 10 If "Yes," complete Schedule D, Part X in 10 If "Yes," complete Schedule D, Part X in 10 If II is a separation in part X in in 10 If II is a separation in part X in in 10 If II is a separation in part X in in 10 If II is a sepa	1			4	
3 Dd the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  4 Section S01(c)(S) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part III  5 Shedule C, Part III  6 Dd the organization reaction accent any donor advised finds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts to list and in Part X. In a fund or a manufaction manufaction collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  7 X  8 Dd the organization report an amount for learn to the account in part X, In a fund or a manufaction fund to a manufaction investments or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part VIII  8 Dd the organization report an amount for learn buildings, and equipment in Part X, line 102, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII  9 Dd the organization report an amount for other assets in Pa	•	If "Yes," complete Schedule A			
public office? If "Yes," complete Schedule C, Part II  4 Section 501((s)) arganization. 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  5 Is the organization as section 501((s)), 501((s)) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88.197 // "Yes," complete Schedule C, Part III  7 Did the organization marktain any clonor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II  8 Did the organization receive or held a conservation easement, including easements to preserve open space, the environment, historic land rease, or historic articutures? If "Yes," complete Schedule D, Part III  9 Did the organization marktain and collections of works of art, historical freasures, or other similar assess? If "Yes," complete Schedule D, Part III  9 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit consessing, dobt management, credit repair, or debt negotiants services?  1 "Yes," complete Schedule D, Part IV  1 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII  3 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X III  4 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X III to Y III to Graphization report an amount for investments program related in Part X, line 10? If "Yes," complete Schedule D, Part X III to Y III to Y III to Graphization report an amount for other assets in Part X III in 10? III is X  11 Did the organization r			2	21	
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect withing the tax year? If "Yes," complete Schedule C, Part II is the organization ascention 501(h) election in effect within the tax year? If "Yes," complete Schedule C, Part III is the top and an animal ramounts as defined in Revenue Procedure 98-191 if "Yes," complete Schedule C, Part III is Did the organization makinal ray donce advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II is Did the organization report an amount for amounts in such funds or accounts? If "Yes," complete Schedule D, Part II is Did the organization makinal collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part II is Did the organization or port 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 oredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV is It the organization an amount or any of the following questions is "Yes," then complete Schedule D, Part VI if It the organization is an amount for investments - other securities in Part X, line 10; If "Yes," complete Schedule D, Part VI is Did the organization report an amount for investments - other securities in Part X, line 12; that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI is Did the organization report an amount for other assets in Part X, line 13; that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X is Did the organization report an amount for other assets in Part X, line 18; that is 5% or more of its total assets reported in Part X, line 18? If Yes," complete Schedule D, Part X is Did	3		ا ء		x
during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section Solic(4), 501(c)(6), 501(c)(6)	4				
s the organization a section SO1(c)(4), SO1(c)(5) or SO1(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure B8-197 if "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I  Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I  Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part II  Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide oredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization report an amount for Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide oredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V  If the organization is entire to through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part VI  If the organization report an amount for land, buildings, and equipment in Part X, line 12; that is 5% or more of its total assets reported in Part X, line 187 If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 15; that is 5% or more of its total assets reported in Part X, line 187 If "Yes," complete Schedule D, Part VIII  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 VIII  Did the organization report an amount for other lassets in Part X, line 15; that is 5% or	7		4		x
similar amounts as defined in Revenue Procedure 8-197 If "Yes," complete Schedule C, Part II by Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II by Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historica land areas, or historica structures? "Yes," complete Schedule D, Part II by Did the organization amounts not listed in Part X, instorical treasures, or other similar assets? If "Yes," complete Schedule D, Part II II by 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 II If the organization is network to any of the following questions is "Yes," then complete Schedule D, Part SV, VII, VIII, X, 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 D, Part VII II II the organization report an amount for investments or other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII II II X II Did the organization report an amount for other assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII II II X II II II X II II II X II II	5		_		<del></del>
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the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III.  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," to "yes," complete Schedule D, Part III.  10 Did the organization indications of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV.  11 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.  12 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, IV, VIII, VIII, VII, VII, VII, VII			6		Х
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Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV 10 Did the organization in Schedule D, Part IV 11 If the organization is 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 D, Part VI 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 16 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 17 Did the organization report an amount for other liabilities 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 X III 18 Did the organization report an amount for other liabilities 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 X III 18 Did the organization report an amount for other liabilities 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 X III 18 Did the organization report an amount for other liabilities 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 X III 14 Did the organization orband separate or consolidated financial statements for the tax			7		Х
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  If 'Yes, 'complete Schedule D, Part IV' 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes, 'complete Schedule D, Part V' 11 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.  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI  13 Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VII  14 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII  15 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 IVI  16 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 X  11 Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization sibality for uncertain tax Pin 48, ASC 701/ If 'Yes,' complete Schedule D, Part X  11 Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Part X  12a Did the organization maintain an office, employees, or agents outside of the United States?  13 State organization as achosing the Schedule D, Part IVIII organization report on Part IX, column (A), line 3, more than \$5	8				
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, for provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V  11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  13 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  14 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  15 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 VIII  16 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 VIII  17 Did the organization separate or consolidated financial statements for the tax year include a floothord that addresses the organization siblainity for uncertain tax year positions under FIN 48 (ASC 740)! "Yes," complete Schedule D, Part X and XIII  18 Was the organization asseparate or consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule P, Part X and XIII is optional  15 St be organization assets properties Schedule P, Parts I and IV  16 Did the organization asset properties Schedule F, Parts I and IV  17 Did the organ		Schedule D, Part III	8		Х
If "Yes," complete Schedule D, Part IV   10   Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V   10   X   X   X   X   X   X   X   X   X	9				
or in quasi endowments? If "Yes," complete Schedule D, Part V  10 If the organization sanswer 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 D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  c Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  d Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  d Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X III.  D Did the organization in separate, independent audited financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III.  X D Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III.  X D III a Did the organization maintain an office, employees, or agents outside of the United States?  13 Is the organization maintain an office, employees, or agents outside of the United States?  14 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts I and IV  D Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Sched		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
or in quasi endowments? If "Yes," complete Schedule D, Part V   10			9		X
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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  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  21 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				v	X
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defined by government on the first government by, and the first constant years are also constant years and the first constant years are also constant years.	21				- v
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	

Form 990 (2020) Horn of Africa

Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
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		
	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			
	Cabadula I Dad 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			
20	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,			<del></del> -
21	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 Schedule L, Part IV	21		
20				
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	00-		х
	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3.7
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			7.7
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<del></del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			7.7
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<b>.</b>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		7.7	1
Da	Note: All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			<del>                                     </del>
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
	Enter the number of Forms wild included in line 1a. Enter of in not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	

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

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 7						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
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 ▶ Kenya, Ethiopia, Somalia, Djibouti						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			٠,,			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		X			
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	•		x			
	any contributions that were not tax deductible as charitable contributions?	6a					
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6h					
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b					
7	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			
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0					
Ü	to file Form 8282?	7c		x			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
	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						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
10-	amounts due or received from them.)  Section 4047(aVt) pan exempt charitable truste le the examination filing Form 900 in liquief Form 10412	10-					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a					
о 13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
u	Note: See the instructions for additional information the organization must report on Schedule O.	Ioa					
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						
С	Enter the amount of reserves on hand 13c						
	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					
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			
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a			110
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct 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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a		Ť		
	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:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.55	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	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MN, IL, FL, WA, CA, MI, SC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	ıd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	The Organization - 763-270-5351			
	3900 Jackson Ste NE Ste 10 Columbia Heights MN 55421			

#### 41-1989714

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# Form 990 (2020) Horn of Africa 41-19 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r	or any related	orga	aniza	ation	COI	mpei	nsat	ed any current officer, o	director, or trustee.			
(A)	(B)	(C			<b>C</b> )			(D)	(E)	(F)		
Name and title	Average	(do			Position not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	ox, unless person is both an fficer and a director/trustee)			is bot	h an	compensation	compensation	amount of		
	week	_				)r/trus	lee)	from	from related	other		
	(list any	irecto						the	organizations	compensation		
	hours for related	or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
	organizations	Individual trustee or dinstitutional trustee Officer Key employee Highest compensated employee Former		(W-2/1099-WIGC)		and related						
	below	dual t	tiona	L	nploy	st cor	_			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highe amplo	Former					
(1) Mohamed Idris	40.00	Ι_	<del>                                     </del>	_			_					
Executive Director				Х				91,913.	0.	4,838.		
(2) Dido Guyo Kotile	1.00											
Chair		Х		Х				0.	0.	0.		
(3) Mahmoud Al-Gamam	1.00											
Vice Chair		Х		Х				0.	0.	0.		
(4) Adam A. Alamin	1.00											
Secretary		Х		Х				0.	0.	0.		
(5) Abdulla Mamdani	1.00											
Treasurer		Х		Х				0.	0.	0.		
(6) Omar Ismail	1.00											
Board Member		Х						0.	0.	0.		
(7) Jaylani Hussein	1.00											
Board Member		Х						0.	0.	0.		
(8) Kadra Abdi	1.00											
Board Member		Х						0.	0.	0.		
(9) Dr. Muath Asamarai	1.00									_		
Board Member		Х						0.	0.	0.		
		1										
		1										
		1										
		4										
		4										
			<u> </u>	_		<u> </u>	_					
		4										
		-	-	_		-						
		1										
			$\vdash$	$\vdash$		$\vdash$	-					
		1										
	1											

Form 990 (2020)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one				one	Reportable	Reportable	)	Es	stimate	ed	
		hours per	box	box, unless person is both ar officer and a director/trustee			is bot	th an	compensation	on	ar	nount	of	
		week (list any	$\vdash$	CCI ai	10 0	111000	1744	1	from	from related			other	A
		hours for	Individual trustee or director				_		the organization	organizatior (W-2/1099-MI			npensa rom th	
		related	e or c	stee			satec		(W-2/1099-MISC)	(***2/1099-1011	30)		janizat	
		organizations	truste	Institutional trustee		yee	mper		(** 2/ 1000 *********************************			_ ~	d relat	
		below	idual	tution	-e	Key employee	est co	Je.				org	anizati	ons
		line)	Indi	Insti	Officer	Key e	Highest compensated employee	Ъm						
			1											
							-	_						
			-											
				-			$\vdash$							
			-											
							-							
			1											
			1											
									01 012				4 0	20
	Subtotal								91,913.		0.		4,8	
	Total from continuation sheets to Part VI								91,913.		0.	0.		
	Total (add lines 1b and 1c)								<u> </u>	000 of war and a	-	4,838.		
2	Total number of individuals (including but no compensation from the organization	ot iimited to tr	iose	IISTE	eu a	DOV	e) wi	no r	eceived more than \$100	,000 of reportat	ле			0
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer,	director, trust	ee. I	kev e	ame	love	e. o	r hic	nhest compensated emi	olovee on	ŀ			
	line 1a? If "Yes," complete Schedule J for s	•		•	•	•	-	_		•		3		Х
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edul	e J t	for such individual			4		X
5	Did any person listed on line 1a receive or a	-				-			ted organization or indiv	idual for services	3			
	rendered to the organization? If "Yes," com	plete Schedul	e J t	or s	uch	pers	son					5		X
	tion B. Independent Contractors									<b>*</b>				
1	Complete this table for your five highest co										npens	ation	trom	
-	the organization. Report compensation for (A)	trie caleridar y	ear	enai	ng v	VILII	Or W	1	(B)	year.			C)	
	Name and business	address	N	INC	Ξ				Description of s	services	С		nsatio	n
								_						
2	Total number of independent contractors (i		ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation 🕨					U							

41-1989714 Form 990 (2020) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues ..... 1b 30,292. c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 6,020,581 similar amounts not included above 1g | \$4,076,964.g Noncash contributions included in lines 1a-1f **76,050,873.** h Total. Add lines 1a-1f ...... **Business Code** Program Service Revenue 2 a f All other program service revenue ..... g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 40,715. 6 a Gross rents 0. **b** Less: rental expenses ... 40,715. c Rental income or (loss) 40,715. 40,715. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) \_\_\_\_\_ 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 30,292. of contributions reported on line 1c). See 0 Part IV, line 18 27,461. **b** Less: direct expenses \_\_\_\_\_ -27,461. -27,461 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 11 a Miscellaneous Income 900099 1,565. 1,565.

1,565.

▶ 6,065,692.

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

#### Part IX Statement of Functional Expenses

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

3601	on 501(c)(3) and 501(c)(4) organizations must com	-		implete column (A).	
Do	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	5,566,686.	5,566,686.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	0.5 754	22.25	40.050	40 500
	trustees, and key employees	96,751.	33,863.	19,350.	43,538.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		10-000	40 -00	1-4
7	Other salaries and wages	351,658.	125,298.	69,592.	156,768.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4 = 4 = 4			
9	Other employee benefits	17,866.	6,367.	3,535.	7,964.
10	Payroll taxes	23,310.	8,275.	4,623.	10,412.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	20,841.	1,021.	19,820.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,				
	column (A) amount, list line 11g expenses on Sch 0.)	19,832.	9,609. 3,263.	837.	9,386.
12	Advertising and promotion	36,167.	3,263.	15,195.	17,709.
13	Office expenses	172,502.	136,442.	12,750.	23,310.
14	Information technology				
15	Royalties	07 002	0 000	10 021	
16	Occupancy	27,203.	9,200.	10,831.	7,172.
17	Travel	19,432.	17,798.	122.	1,512.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	20 120	15 010	4 050	0 050
22	Depreciation, depletion, and amortization	28,120.	15,210.	4,858.	8,052.
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 0.)	4			
а	Building Maintenance	18,783.	10,160.	3,245.	5,378.
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,399,151.	5,943,192.	164,758.	291,201.
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	10.00.00				Form <b>990</b> (2020)

Form 990 (2020)
Part X Balance Sheet

Par	τχ	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		843,677.	1	412,244	
	2	Savings and temporary cash investments			329,226.	2	329,226
	3	Pledges and grants receivable, net		44,905.	3	199,552	
	4	Accounts receivable, net	400.	4	1,836		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	ction 4958(c)(3)(B)		6		
ပ္သ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			30,397.	8	40,496
₹	9	Prepaid expenses and deferred charges			1,794.	9	1,644
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	368,025.			
	b	Less: accumulated depreciation		115,764.	269,905.	10c	252,261
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	11,473.	14	9,955		
	15	Other assets. See Part IV, line 11		100,000.	15	100,000	
	16	Total assets. Add lines 1 through 15 (must equ			1,631,777.	16	1,347,214
	17	Accounts payable and accrued expenses			253,623.	17	221,368
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
g	22	Loans and other payables to any current or forn	ner offic	cer, director,			
Ĭ		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of thes	se pers	ons		22	
-	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	81,151
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	. Complete Part X			
		of Schedule D			2,898.	25	2,898
	26	Total liabilities. Add lines 17 through 25			256,521.	26	305,417
ا س		Organizations that follow FASB ASC 958, che	ck her	e ▶ X			
Š		and complete lines 27, 28, 32, and 33.					
alar 	27	Net assets without donor restrictions			397,245.	27	438,080
ğ	28	Net assets with donor restrictions		978,011.	28	603,717	
<u> </u>		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨 🔲			
ř		and complete lines 29 through 33.					
2	29	Capital stock or trust principal, or current funds				29	
Se	30	Paid-in or capital surplus, or land, building, or ed	Juipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	come,	or other funds		31	
Se	32	Total net assets or fund balances			1,375,256.	32	1,041,797
	33	Total liabilities and net assets/fund balances			1,631,777.	33	1,347,214

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,06					
2	Total expenses (must equal Part IX, column (A), line 25)	2	(	5,39 -33					
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10		1,04	1,7	97.			
Pa	rt XII Financial Statements and Reporting		,						
	Check if Schedule O contains a response or note to any line in this Part XII					X			
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			<b>2</b> b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,						
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	í,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	ıdit						
	Act and OMB Circular A-133?			За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u> </u>		3b					

Form **990** (2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

## **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.

OMB No. 1545-0047

Open to Public Inspection

American Relief Agency for the Employer identification number Name of the organization Horn of Africa 41-1989714 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2020 Horn of Africa 41-1989'

| 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	_					-
	fails to qualify under the tests				in railed to quality	under rait iii. ii tii	o organization
Sec	ction A. Public Support	, noted below, pied	oo oompioto i arti	,			
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(-,/	(-, : :	(-)	(=,/ = = : =	(-,	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	1814533.	6431070.	2365609.	5030205.	6050873.	21692290.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1814533.	6431070.	2365609.	5030205.	6050873.	21692290.
	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.						21692290.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1814533.	6431070.	2365609.	5030205.	6050873.	21692290.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	20 400	40 200	41 665	40.600	40 515	004 055
	and income from similar sources	39,488.	40,320.	41,665.	42,689.	40,715.	204,877.
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				17 001	1 565	10 640
	assets (Explain in Part VI.)				17,084.	1,565.	18,649. 21915816.
	<b>Total support.</b> Add lines 7 through 10	-4- ( !4::4!	1			40	21913010.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,			12	
13	organization, check this box and <b>stor</b>	. •	, , ,	· ·	•	. , ,	ightharpoonup
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2020 (I			column (f))		14	98.98 %
	Public support percentage from 2019					15	98.85 %
	33 1/3% support test - 2020. If the o					nore, check this bo	ox and
	stop here. The organization qualifies						
k	33 1/3% support test - 2019. If the o						
	and <b>stop here.</b> The organization qual	•		•		•	
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances to						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						_
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	▶□

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .......

#### 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	ction A. Public Support	now, please com	piete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(-,/ = - : -	(-,	(-,	(-,	(-,	(4)
-	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
Ü	are not an unrelated trade or bus-						
	in						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
5	or expended on its behalf						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	· · · · · · · · · · · · · · · · · · ·					1	
7 8	Amounts included on lines 1, 2, and 3 received from disqualified persons					1	
r	Amounts included on lines 2 and 3 received					1	
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
	· · · · · · · · · · · · · · ·	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6					+	
106	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					+	
	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	· · · · · · · · · · · · · · · · · · ·						
11	Add lines 10a and 10b  Net income from unrelated business					1	
''	activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on					1	
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			<u> </u>	1	1	<u> </u>
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
<u>C</u>	check this box and stop here	a Cummant De					<u></u>
	ction C. Computation of Publi					11	
	Public support percentage for 2020 (lin					15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves		<u>~</u> _			11	
	Investment income percentage for 202					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2020. If the						17 is not
	more than 33 1/3%, check this box an						<b>&gt;</b>
b	33 1/3% support tests - 2019. If the	· ·			•	•	
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	nstructions	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

1		Yes	No
	1		
	2		
	3a		
	3b		
	0.5		
	3с		
	00		
	4a		
	44		
	4b		
	4c		
	70		
	5a		
	5b		
	5с		
	6		
	7		
	,		
	0		
	8		
	0-		
	9a		
	9b		
	9с		
	10a		
	10b		
m 9	90 or 99	90-EZ	2020

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	and or type it dapper unity or game and its		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
000	tion 5.7th Type in Supporting Significations		Yes	No
4	Did the executation provide to each of its supported executations, by the last day of the fifth month of the		res	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	_		
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	2		
Sac	tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)  The organization satisfied the Activities Test. Complete line 2 below.	•		
a b	The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	The organization is the parent of each on its supported organizations. Complete line's below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	no)	
C		Struction	Yes	No
2	Activities Test. Answer lines 2a and 2b below.		res	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
<b>ل</b>	that these activities constituted substantially all of its activities.  Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	2a		
b				
	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			
		2h		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J	sia the organization exercise a substantial degree of all outern ever 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.

## American Relief Agency for the

Schedule A (Form 990 or 990-EZ) 2020 Horn of Africa

41-1989714 Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orgai	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mu	ust complete	Sections A through E.			
Sect	on 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				
	on 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				
	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
	Discount claimed for blockage or other factors					
	(explain in detail in <b>Part VI</b> ):					
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				
	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	nally integrat	ed Type III supporting org	anization (see		

Schedule A (Form 990 or 990-EZ) 2020

instructions).

, a.	t i pe in Non i anodonany integrated eee	(u)(o) Supporting Orgi		uea)	
Secti	on D - Distributions		•	,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
88	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

#### American Relief Agency for the

Schedule A (Form 990 or 990-EZ) 2020 Horn of Africa 41-1989714 Page 8 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 D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

American Relief Agency for the

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Horn of Africa

Employer identification number 41-1989714

Pai			nilar Funds or <i>F</i>	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised fu	nds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in	n donor advised fur	nds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes
6	Did the organization inform all grantees, donors, and donor ad	lvisors 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 o	ther purpose confe	rring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the orga	anization answered "Yes" o	n Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreating			orically important land area
	Protection of natural habitat	L Pr	eservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contributio	n in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at			
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or term	ninated by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation ease		<del></del>	
5	Does the organization have a written policy regarding the period		·	
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and e	entorcing conservat	ion easements during the year
_	A second of the second in the			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforc	ing conservation ea	asements during the year
0	Description appearant varieties of line 2/d/ should	a action the requirements of	f coation 170/b)/4)/[	DV:)
8	Does each conservation easement reported on line 2(d) above	•		
0	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnotes the state of the footnotes are the state of the footnotes.		•	
	organization's accounting for conservation easements.	ote to the organization's fina	anciai Statements ti	nat describes trie
Pai	t III Organizations Maintaining Collections of	Art. Historical Treas	ures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 9			
	If the organization elected, as permitted under FASB ASC 958		e statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publ	•		
	service, provide in Part XIII the text of the footnote to its finance	· · · · · ·		and or public
b	If the organization elected, as permitted under FASB ASC 958			ce sheet works of
-	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
				<b>.</b> .
2	If the organization received or held works of art, historical trea			
_	the following amounts required to be reported under FASB AS			. [
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	Assets included in Form 990, Part X			

	Ameri	lcan	Relief	Agency	for	the
20	Horn	of 2	Africa			

Paı	art III Organizations Maintain	ng Collections of A	rt, Histo	orical Tr	easures, d	or Other	Similar As	sets(continued)	
3	Using the organization's acquisition, a	ccession, and other recor	ds, check	any of the	following tha	t make sigr	nificant use o	f its	
	collection items (check all that apply):								
а	Public exhibition		d 🔲 L	oan or exc	hange progra	am			
b	Scholarly research		e 🗌 c	Other					
С	Preservation for future generation	ns							
4	Provide a description of the organization	on's collections and expla	in how the	ey further t	he organizati	on's exemp	t purpose in	Part XIII.	
5	During the year, did the organization s	olicit or receive donations	of art, his	torical trea	sures, or oth	er similar as	sets		
	to be sold to raise funds rather than to	be maintained as part of	the organ	ization's co	ollection?			Yes	No_
Pai	art IV Escrow and Custodial A	rrangements. Comp	lete if the	organizatio	n answered	"Yes" on Fo	rm 990, Part	IV, line 9, or	
	reported an amount on Form 99	0, Part X, line 21.							
1a	Is the organization an agent, trustee, o	ustodian or other interme	diary for c	contribution	ns or other as	sets not inc	cluded		_
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Pa								
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f							1f		
2a	Did the organization include an amoun	t on Form 990, Part X, line	e 21, for e	scrow or c	ustodial acco	ount liability	?	Yes	No
b	If "Yes," explain the arrangement in Pa								
Pai	art V Endowment Funds. Com	olete if the organization a	nswered "	'Yes" on Fo	orm 990, Part	: IV, line 10.			
		(a) Current year	<b>(b)</b> Pr	ior year	(c) Two year	rs back (d)	Three years b	ack <b>(e)</b> Four years t	back
1a	Beginning of year balance								
b	Contributions								
С	ALCO INC. TO SECURE A SECURITION OF THE SECURITI								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	ne current year end balan	ce (line 1g	g, column (a	a)) held as:				
а	<ul> <li>Board designated or quasi-endowmen</li> </ul>	· <b>&gt;</b>	%						
b	Permanent endowment	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2	c should equal 100%.							
За	Are there endowment funds not in the	possession of the organia	zation that	t are held a	ınd administe	ered for the	organization		
	by:							Yes	No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related or							3b	
4	Describe in Part XIII the intended uses		owment fu	unds.					
Pai	art VI Land, Buildings, and Eq	-							
	Complete if the organization an				i				
	Description of property	(a) Cost or		` '	or other		ımulated	(d) Book value	Э
		basis (invest	ment)		(other)	depre	ciation	20.11	
1a	Land				9,100.		<del>-</del> 100	39,10	
b	9			21	9,886.	5	7,188.	162,69	
С	Leasehold improvements			4 ^	6,575.		529.	6,04	
d				10	2,464.	5	8,047.	44,41	<u> </u>
								050.04	<u>-1</u>
Total	al. Add lines 1a through 1e. (Column (d) i	nust equal Form 990, Par	t X, colum	n (B), line 1	10c.)		▶	252,26	bΙ.

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Schedule D (Form 990) 2020	Horn	of	Africa		

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" of	on Form 990 Part IV line	e 11b. See Form 990. Part X. line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			-
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(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)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	on Farma 000 Dart IV line	add Cas Farm 000 Bart V line 15	
Complete if the organization answered "Yes" o	en Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	(b) Book value
Tanana and Danas and E			100,000
			100,000
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	<b>.</b>	100,000
Part X Other Liabilities.			,
Complete if the organization answered "Yes" o	on Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability	,,		(b) Book value
(1) Federal income taxes			
(2) Security Deposit			2,898
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b>&gt;</b>	2,898

Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per R	eturr	i.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	6,093,153.
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			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	27,461.		
е	Add lines 2a through 2d			2e	27,461.
3	Subtract line <b>2e</b> from line <b>1</b>			3	6,065,692.
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			0
С	Add lines 4a and 4b			4c	<u> </u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,065,692.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents witr	ı Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				6,426,612.
1	Total expenses and losses per audited financial statements			1	0,420,012
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ء ا			
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c 2d	27,461.		
d	, , , , , , , , , , , , , , , , , , , ,			20	27,461.
e 2	Add lines 2a through 2d			2e 3	6,399,151
3 4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	0,333,131
ъ	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
		<del> </del>			
c				4c	0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I, line</i> 18.)			5	6,399,151
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			4; Part	X, line 2; Part XI,
Pa:	rt XI, Line 2d - Other Adjustments:				
Fu	ndraising Events				27,461.
Pa	rt XII, Line 2d - Other Adjustments:				
Fu	ndraising Events				27,461.

#### SCHEDULE F (Form 990)

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.

2020
Open to Public Inspection

Name of the organization
American Relief Agency for the
Horn of Africa

**Employer identification number** 

41-1989714

		Activities Ou	tside the United States. Comple	ete if the organization answered "\	es" 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?									
the grantees engionity it	the grantees enginity for the grants of assistance, and the selection officera used to award the grants of assistance:									
2 For grantmakers. Desc	Prograntmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the									
United States.		J	9	3						
3 Activities per Region. (TI										
(a) Region	(b) Number of	(c) Number of			(f) Total					
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures					
	in the region	independent	gram services, investments, grants to		for and investments					
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region					
Sub-Saharan Africa -										
Angola, Benin,										
Botswana, Burkina										
Faso,	5	23	Program services	Food and supplies	1,779,232.					
3 a Subtotal	5	23			1,779,232.					
<b>b</b> Total from continuation										
sheets to Part I	0	0			0.					
c Totals (add lines 3a										
and 3h)	l 5	23			1 779 232.					

41-1989714

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and					Container of	
		North Africa	Provide food supplies	0.		18,727.	cooking oil	FMV
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the	foreign country,	recognized as a tax		1	
exempt 501(c)(3) orga	nization by the IRS,	or for which the grantee	or counsel has provided a sec	tion 501(c)(3) ed	quivalency letter	<b>&gt;</b>		1

3 Enter total number of other organizations or entities .

41-1989714

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (g) Description of (e) Manner of (b) Region (a) Type of grant or assistance recipients cash grant cash disbursement noncash assistance noncash assistance Food and Supplies Food and Supplies 188,400 0. 5547959. Food and Supplies FMV

## American Relief Agency for the

Schedule F (Form 990) 2020 Horn of Africa

| Part IV | Foreign Forms

41-1989714 Page 4

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

Schedule F (Form 990) 2020

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.
	·

Schedule F (Form 990) 2020

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

American Relief Agency for the Employer identification number Name of the organization Horn of Africa 41-1989714 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		or furidialsing event contributions and give				Tis greater than 40,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				Ramadan		(add col. (a) through
			Convention	Dinner	1	col. <b>(c)</b> )
o O			(event type)	(event type)	(total number)	001. (0))
Revenue						
Зеv	1	Gross receipts	12,954.	11,274.	6,064.	30,292.
-				44.5-1		
	2	Less: Contributions	12,954.	11,274.	6,064.	30,292.
	3	Gross income (line 1 minus line 2)				
		Ocelh sviene				
	4	Cash prizes				
	5	Noncoch prizos				
တ္ထ	3	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ă.	Ü	Tient tability costs				
ct E	7	Food and beverages				
Dire	-					
_	8	Entertainment				
	9	Other direct expenses		5,500.	15,732.	27,461.
	10	Direct expense summary. Add lines 4 through			<b>&gt;</b>	27,461.
	11	Net income summary. Subtract line 10 from li			_	-27,461.
Pa	rt I	Gaming. Complete if the organization a	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
ь			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue				billigo/progressive billigo		col. (a) through col. (c))
Re						
	1_	Gross revenue				
	•	Cook prizes				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Ĕ	Ū	Nondan prizes				
rec	4	Rent/facility costs				
⊡						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	└── No	└── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	_				_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
•	⊏n.t	tor the state(s) in which the eventiration condu	uata gamina aativitiaa			
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:	ctivities in each of these	States?		. L. res L. NO
J	., ,	, элрын.				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
		Yes," explain:				·

## American Relief Agency for the Schedule G (Form 990 or 990-EZ) 2020 Horn of Africa

Sch	edule G (Form 990 or 990-EZ) 2020 Horn of Africa 41-	1989	714	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		Yes	□ No
12	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:		162	
	The organization's facility	13a	I	%
	o An outside facility			<del>//</del>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		
	Name ▶			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party  \$\sim \frac{1}{2} = \frac			
(	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year > \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III. li	nes 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

# American Relief Agency for the 41-1989714 Page 4 Horn of Africa Schedule G (Form 990 or 990-EZ) Horn of Af Part IV Supplemental Information (continued)

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

American Relief Agency for the Horn of Africa

Employer identification number 41-1989714

Par	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu	•	ts
		• •	items contributed	Form 990, Part VIII, line 1g			
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	X	25		FMV		
20	Drugs and medical supplies	X	5	2,433,570.	FMV		
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	ation during	g the tax year for c	ontributions			
	for which the organization completed Form 828	3, Part V, D	Oonee Acknowledg	ement <b>29</b>			
						Yes	No
30a	During the year, did the organization receive by	contribution	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the date	of the initia	al contribution, and	I which isn't required to be υ	ised for		
	exempt purposes for the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance pe	olicy that re	equires the review	of any nonstandard contribu	utions?	31	X
32a	Does the organization hire or use third parties o	r related or	ganizations to soli	cit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,		
describe in Part II.							

## American Relief Agency for the Horn of Africa

Schedule M	1 (Form 990) 2020		of Afr			. 0110			989714	Page <b>2</b>
Part II	Supplementa is reporting in Par this part for any a	I Informa t I, column dditional in	<b>ation.</b> Provide (b), the numb formation.	le the information of contribution	on required by ons, the numb	y Part I, lines over of items re	30b, 32b, and eceived, or a co	33, and whetl ombination of	ner the organi both. Also co	zation

#### **SCHEDULE O**

(Form 990 or 990-EZ)

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 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

American Relief Agency for the Horn of Africa

Employer identification number 41-1989714

Form 990, Part I, Line 1, Description of Organization Mission:
humanitarian aid and empowering individuals in the Horn of Africa and
here at home.
Form 990, Part VI, Section B, line 11b:
The federal Form 990 will be approved by the full Board of Directors prior
to submission.
Form 990, Part VI, Section B, Line 12c:
The Organization, at a minimum, annually requires each Board Member to sign
a "conflict of interest" form stating any required disclosure.
Form 990, Part VI, Section B, Line 15:
Approved by the Board of Directors through the process of approving the
annual budget.
Form 990, Part VI, Section C, Line 19:
Documents and returns are available at the Organization's office upon
request.
Form 990, Part XII, Line 2c:
The process has not changed from the prior year.