990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

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			lar year, or tax year begir	_		, 2018, and en	iaing		, 20		
В	Check if a	pplicable:	C Name of organization Penr	ny Appeal USA Inc				— □	Employer identification no.		
	Address c	hange	Doing business as				T		47-5165837		
	Name cha	ange	Number and street (or P.O. bo	ox if mail is not delivered to street address	ss)		Room/suite	E	Telephone number		
	Initial retu	rn	717 King Stree	t			200				
	Final retur	n/terminated	City or town, state or province	, country, and ZIP or foreign postal code	Э		G Gross receipts				
	Amended	return	Alexandria, VA	22314					\$ 3,096,267		
	Application	n pending	F Name and address of principa	l officer: Oussama Mezou	ui		H(a) Is this a group	return for	subordinates? Yes X No		
			Same as C abov	e			H(b) Are all subo	rdinates	included? Yes No		
	Tax-exem	nt status:	501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 52	7	— • • •		list. (see instructions)		
	Website:		v.pennyappealusa.				H(c) Group exe		,		
				sociation Other ►	1	Year of formation: 20					
	rt I	Summar		Other P		real of formation. 20	UIJ W State	oi iegai	domicile. VA		
1 6			•	ion or most significant satisfie	0. 77-1						
	1	-	=	ion or most significant activities				_	erty through		
ė				emergency relief. C							
Governance				ses of poverty. Our			on provid:	ing (communities		
ern				cation and income o							
ò	2	Check this be	ox ► ☐ if the organization	n discontinued its operations or	r disposed of	more than 25% o	of its net assets.	ı	I		
დ •გ	3	Number of v	oting members of the gove	erning body (Part VI, line 1a)				3	5		
es	4	Number of in	ndependent voting member	rs of the governing body (Part	VI, line 1b)			4	5		
ξ	5	Total numbe	er of individuals employed in	n calendar year 2018 (Part V, I	ine 2a) .			5	11		
Activities &	6	Total numbe	er of volunteers (estimate if	necessary)				6	45		
٩	7a	Total unrelat	ted business revenue from	Part VIII, column (C), line 12				7a	0		
	b	Net unrelate	ed business taxable income	e from Form 990-T, line 38 .				7b	0		
							Prior Year		Current Year		
	8	Contributions	s and grants (Part VIII, line	1h)			1,544	.378	3,071,081		
ě	9		• ,	e 2g)				,	0		
enr	10	Ū	•	A), lines 3, 4, and 7d)					10		
Revenue			, , ,	,,			(70	261			
-	11			nes 5, 6d, 8c, 9c, 10c, and 11e)		-		,361			
	12			(must equal Part VIII, column (A			1,474				
	13		. ,	IX, column (A), lines 1-3)			670	,524	1,135,383		
	14	•	•	X, column (A), line 4)					0		
S	15	•		e benefits (Part IX, column (A),	•	• • • • •	446	,820	533,528		
Expense			• ,	column (A), line 11e)					0		
ĝ	b	Total fundrai	ising expenses (Part IX, co	lumn (D), line 25) ▶	6	45,266					
Ш	17	Other expen	ises (Part IX, column (A), li	nes 11a-11d, 11f-24e)			570	,447	987,054		
	18	Total expens	ses. Add lines 13-17 (mus	t equal Part IX, column (A), line	25)		1,687	, 791	2,655,965		
	19	Revenue les	s expenses. Subtract line	18 from line 12			(213	,774) 192,413		
Net Assets or	3					I	Beginning of Current	Year	End of Year		
sets	20	Total assets	(Part X, line 16)		. .		497	,148	768,691		
Ass	21	Total liabilitie	es (Part X, line 26)				155	,233	234,363		
Š	22	Net assets of	or fund balances. Subtract	line 21 from line 20			341	,915	534,328		
Pa	rt II	Signatu	ire Block								
				ırn, including accompanying schedules a			nowledge and belief, it	is			
true	, correct, a	and complete. De	claration of preparer (other than of	ficer) is based on all information of which	h preparer has a	ny knowledge.					
		Ouss	ama Mezoui								
Sig	ın	B	re of officer					Date			
Hei	re	Ouga	ama Mezoui, CEO								
			print name and title								
		,		Propagar's signature		Date	Chast	if P	TIN		
Pai	Ч		eparer's name	Preparer's signature			Check				
			ercrombie	Tim Abercrombie	-	05-21-2019	self-employe	a	P01254858		
	parer			bie and Associates	ттС		Firm's EIN ►				
US	e Only	Firm's addres		cond Avenue 507B			Phone no.				
				Spring MD 20910			30	1-5	85-5050		
MAN	the IDS	discuss this	roturn with the property of	nown above? (see instructions)					X Yes No		

4d Other program services (Describe in Schedule O.) (Expenses \$ 847,058 including grants of \$ 403,971) (Revenue \$

Total program service expenses ▶ 1,868,243 4e

Part IV

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

Form 990 (2018)

Penny Appeal USA Inc

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the 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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
	to defease any tax-exempt bonds?	24c		
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		v
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		Λ
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			21
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? 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			
	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? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			ـــــــــــــــــــــــــــــــــــــــ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		7	
	reportable gaming (gambling) winnings to prize winners?	1c	X	2042)
EEA		⊢∩rm	4401	2018)

18) Penny Appeal USA Inc Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

22 Enter the number of employees reported on Form W.3. Transmitted of Wage and Tax Statements, fleef for the calendary ware ending with or within the year covered by this return. 2 11 b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and all as its generat than 200, you may be required to e-file (see instructions) 30 bif the organization have unrelated business gross income of \$1,000 or more during the year? 31 b If Yeas', I seal thick a Form 900.7 for this year? "More to fire a file all as form 900.7 for this year? "More the sum of 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 accounts (FBAR). 32 b If Yeas' individual in the seal of 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 accounts (FBAR). 33 b If Yeas' interest for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 34 b If Yeas' filing the requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 35 b If Yeas' filing the organization that it was or is a punty to a prohibited tax sheller transaction? 36 b Z if Yeas' filing the organization that it was or is a punty to a prohibited tax sheller transaction? 36 b Z if Yeas' filing the organization means and the state are normally greater than \$100,000, and did the organization related and programation foreign and state are normally greater than \$100,000, and did the organization related and promote of the organization related and state are normally greater than \$100,000, and did the organization flavor and the state are normally greater than \$100,000, and did the organization than any annual gross receipts that are normally greater than \$1,000,000, and did the organiz				Yes	No
b If a least one is reported on line 2a, dith the organization file all required federal employment tax returns? Note, If the sum of lines 1s and 2s is greater than 250, you may be required to 6-file (see instructions) **Note (if the sum of lines 1s and 2s is greater than 250, you may be required to 6-file (see instructions) **Note (if the sum of lines) **Note	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions) Joint the organization have unrelated business gross income of \$1,000 or more during the year? At any time during the calendary 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 in a foreign country; (such as a bank account, securities account, or other financial account)? 4a X years the result of the property (such as a bank account, securities account, or other financial account)? 5b If "Yes," either the name of the foreign country; (such as a bank account, securities account, or other financial accounts (FBAR). 5c Wesh the organization aparty to a prohibited tax shelter fransaction at any time during the tax year? 5c Wesh the organization in organization that is two or is a party to a prohibited tax shelter fransaction? 5c Unit of the face of 5t, did the organization file Form 8886-17 5c Does the organization have arrang fores receipts that are normally greater than \$100,000, and did the organization have arrang fores receipts that are normally greater than \$100,000, and did the organization noticularly contributions that ware not tax deductible os charitable contributions or gifts were not tax deductible? 5c Does the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 6c Does the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7d Did the organization received a payment in excess of \$75 made party as a contribution and party for goods. 7e Did the organization received and provided the definition of the payors. 7e Did the organization received and provided that the payment of the payors. 7e Did the organization received and provided that the payment of the payors. 7e Did the org		Statements, filed for the calendar year ending with or within the year covered by this return 2a 11			
3. Did the organization have unrelated business gross income of \$1,000 or more during the year? 4. If "Yes," and is filed a Form 991-7 for this year if "No" to fire 35, provides an explanation in Schedule O. 5. Did have the filed a Form 991-7 for this year if "No" to fire 35, provides an explanation of Schedule O. 5. Did have the filed a Form 991-7 for this year if "No" to fire 35, provides an explanation or other authority over, a financial account in a foreign country. 5. Did have the name of the foreign country. 5. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5. Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5. Did any tixtable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5. Did any tixtable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5. Did be the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that sour contributions or gifts were not tax deductible on the state of the state of the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 6. 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? 7. Did to the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7. Did to the organization receive an apyment will be goods or services provided? 7. Did to the organization receive an apyment will be goods or services provided? 7. Did to the organization receive an around the payor? 7. Did to the organization receive an around the payor? 8. Did the organization receive an around the payor? 9. Did the organization re	b		2b	Χ	
b If Vess, * last if field a Form 990-T for this year? If *Vess* or the rest of the organization was on 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)? 4		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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 is a foreign country (such as a bank account, securities account, or other financial account)? 4b If "Yes," enter the name of the foreign country. 5c If "Yes" is one face or signature or a part of the properties of the properti	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
a financial account in a foreign country (such as a bark account, securities account, or other financial account)? b H *Yes,** insert the name of the foreign country. ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any texable party notify the organization file Form 8889-77 5c If *Yes* to line Sa or Sb, dot the organization file Form 8889-77 5c Does the organization solid any contributions that were not tax deductible as charitable contributions or gilts were not tax deductible? 6c Does the organization solid any contributions that were not tax deductible as charitable contributions or gilts were not tax deductible? 6c Did the organization that may receive deductible contributions under section 170(c). 6c Did the organization receive an appriment in excess of \$75 make party as a contribution and partly for goods and services provided to the payor? 7c Did the organization end on the divention of the value of the goods or services provided? 7d Did the organization end on the payor? 7e With the organization end of the payor? 7e With the organization enceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e With the organization, during the year, pay premiums, directly or indirectly, no ape personal benefit contract? 7f With the organization enceived a contribution of qualified inhibitedual property, did the organization file Form 8282 filed during the year 9 If the organization enceived a contribution of qualified inhibitedual property, did the organization file Form 8289 as required? 7f With the organization enceived as contribution of qualified inhibitedual property, did the organization file Form 8289 as required? 7g If the organization enceived as contribution of advised funds. 8 Sponsoring organization seed and paties contribution of advised funds. 9 Did the sponsoring organ	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
b If "Yes", either the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 58 Was the organization aparty to a prohibited tax shafter transaction at any time during the tax year? 59 Was the organization to lies of 305, did the organization life from 8886-77 to a prohibited tax shafter transaction? 50 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization social any contributions that was not tax deductibles as charitative contributions? 60 Bost the organization have annual gross receipts that are normally greater than \$100,000, and did the organization social any contributions that than y receive deductible contributions under section 170(c). 60 If "Yes," did the organization include with every sociicitation an express statement that such contributions or grids were not tax deductibles on the scharitative contributions or grids were not tax deductible on the scharitative contributions or grids were not tax deductibles as charitative contributions or grids were not tax deductibles as charitative contributions or grids were not tax deductible to the scharitative contributions or grids were not tax deductibles as charitative contributions or grids were not tax deductibles as charitative contributions or grids were not tax deductibles as charitative contributions or grids and services provided to the payor? 60 Organizations that may receive deductible contributions under section 170(c). 61 Did the organization receive a payment in excess of \$75 made partly as a contribution on quarter of the payor? 72 Did the organization neceive a payment funds, directly or indirectly, on a personal benefit contract? 73 Tax Y 74 Did the organization received a contribution of quartie organization free from 8890 as required? 75 Did the organization received a contribution of quartie organization free from 8890 as required? 76 Did the organization received a contributi	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Lid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Lid any taxable party notify the organization file Form 8896-17 6 Does the organization have amount gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or offits were not tax deductible? 6 Lift Yes, 10th the organization include with every solicitation are press statement that such contributions or offits were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive an apyment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 As X Y 7 B If Yes, 10th the organization notify the donor of the value of the goods or services provided? 7 B If Yes, 10th the organization only the donor of the value of the goods or services provided? 7 B If Yes, 10th the organization only the donor of the value of the goods or services provided? 7 C In the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8292? 7 C In the organization receive and routing the year organization and the number of Forms 8292 filed during the year 7 C In the organization of the number of Forms 8292 filed during the year 9 Did the organization of unity the year pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 T X If the organization of the promise of the property, did the organization file Form 8293 as required? 9 If the organization received an contribution of qualified intellectual property, did the organization file Form 8293 as required? 9 Sponsoring organizations and pa		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 C If Yes' to line Sa or 5b, dut the organization file Form 8886-17 50 Bobs the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sociolist any contributions that were not tax deductible as charitable contributions? 50 C Yes, if the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 70 Organizations that may receive deductible contributions under section 170(c). 81 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 71 Ves," idd the organization notify the donor of the value of the goods or services provided? 72 Did the organization notify the donor of the value of the goods or services provided? 73 If Yes," indicate the number of Forms \$282 filed during the year 84 If Yes," indicate the number of Forms \$282 filed during the year 95 Did the organization received accontribution of qualified intellectual property, did the organization received accontribution of qualified intellectual property, did the organization received accontribution of ordanization received accontribution of ordanization received and contribution of qualified intellectual property, did the organization floe a form 8899 as required? 75 If the organization make any taxolitied intellectual property, did the organization floe a form 8899 as required? 76 If the organization make any taxolitied intellectual property, did the organization floe a form 8899 as required? 78 Sponsoring organization make any taxolitied funds. Did a donor advised fund maintained by the sponsoring organization make any taxolitied funds for the verifices, did the organization floe and the property of the property of the property of the prop	b				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 55					
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sclicit any contributions that were not tax deductible as charitable contributions? 6	5a		5a		
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Form 990 (2018) Penny Appeal USA Inc Page 6 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		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 in Schedule O	9		X
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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	v	
40	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14 15	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	150	X	
a h	Other officers or key employees of the organization	15a 15b	Λ	Х
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		Λ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	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	Toa		21
	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	etion C. Disclosure	.00		
17	List the states with which a copy of this Form 990 is required to be filed Statement #17			
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) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
-	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
-	Oussama Mezoui (202)851-2112. 717 King Street. Alexandria. VA 22314			

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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box in heither the organization hor any relate	u organizatio	TOOTIL	CHS	aleu	arry	Cullell	it Oi	ilicer, director, or ti	usiee.	
				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average					nan one s both an		Reportable	Reportable	Estimated
Name and Thie	hours per					/trustee)		compensation	compensation from	amount of
	week (list any					,		from	related	other
	hours for	0 =	⊣	Q		ΦТ	П	the	organizations	compensation
	related organizations	dir.	stit	Officer	ey e	mple ighe	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	dual	Institutional trust	¥	Key employee	st c	9	(W 2/1000 MIGO)		and related
	line)	trus	a tr		oye	, om				organizations
		Individual trustee or director	uste		Φ	ens				
			ď			Highest compensated employee				
						7				
(1) Yasmin Elhady	2.00									
Chair		X		Х				(0	0
(2) Shaun Ahmad	2.00									
Vice Chair and Secretary		X		Χ				(0	0
(3) Aamer Naeem	2.00									
Treasurer		X		Χ				(0	0
(4) Yousaf Razaq	2.00									
Director		X						(0	0
(5) Adeem Younis	2.00									
Director		X						(0	0
(6) Oussama Mezoui	40.00									
CEO				Χ				100,000	0	12,160
(7)										
<u>(8)</u>										
<u>(9)</u>										
(10)										
(11)										
· ·										
<u>(12)</u>										
÷										
<u>(13)</u>										
÷										
<u>(14)</u>										
`-'										
	1									

Form 990 (2018)

Part	VII Section A. Officers, Directors, Trustees	es, Key Employees, and Highest Compensated Employees (continued)											
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, ι	ınless r and a	perso	tion ore th on is	an one both an trustee) Highest compensated employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	cor or a	(F) stimated mount of other npensatic from the ganization nd related janization	on n d
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Sub-total							•					
c d	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)							•	100,000	0		12,1	160
2	Total number of individuals (including but not limited											14,1	100
	reportable compensation from the organization									0		Yes	No
3	Did the organization list any former officer, directo	r, or trustee,	key er	nploy	yee,	or l	highes	st cor	mpensated				
4	employee on line 1a? <i>If "Yes," complete Schedule</i> For any individual listed on line 1a, is the sum of rep										3		X
4	organization and related organizations greater than												
	individual										4		Χ
5	Did any person listed on line 1a receive or accrue or for services rendered to the organization? <i>If</i> "Yes,"			-			_				5		X
Section	on B. Independent Contractors	complete 30	SHEGUI	9 0 10	טו אנ	icii	persor		· · · · · · · · · · ·	· · · · · · · · ·			
1	Complete this table for your five highest compensate compensation from the organization. Report comper year.												
	(A) Name and business address								(B) Description of	services		(C) pensation	n
	reame and business dutiess								2030 I piloti di	03.71000	Con	Jonoanor	-
2	Total number of independent contractors (including			ose I	istec	d ab	ove) v	who					
	received more than \$100,000 of compensation from	the organiza	ition	>									

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or no	ote to any line in thi	s Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<i>(0, (0)</i>	1a	Federated campaigns	1a					7.2.7
Contributions, Gifts, Grants and Other Similar Amounts	b	' '	1b					
, mo	С	•	1c	276,206				
iifts ar A	d	Related organizations	1d	-				
imil	е	Government grants (contributions)	1e					
tion er S	f	All other contributions, gifts, grants,						
Otho			1f	2,794,875				
ont	g	Noncash contributions included in lines 1a-1	f: \$					
O &	h	Total. Add lines 1a-1f			3,071,081			
				Business Code				
enne	2a							
Reve	b							
ice I	С		_					
Sen	d							
ram	е		_					
Program Service Revenue		All other program service revenue						
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends, interest and other similar amounts)			10			10
	4	Income from investment of tax-exempt bond p			10			10
	5	Royalties		t t				
		(i) Real	• •	(ii) Personal				
	6a	Gross rents		(ii) i Giddhai				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of (i) Securities		(ii) Other				
	, u	assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
enne	8a	Gross income from fundraising						
		events (not including \$ 276,206	5					
Other Rev		of contributions reported on line 1c).						
ther		See Part IV, line 18	а	25,176				
Ŏ		Less: direct expenses		247,889				
		Net income or (loss) from fundraising events	٠		(222,713))		(222,713)
	9a	Gross income from gaming activities.						
		See Part IV, line 19						
		Less: direct expenses						
	С	Net income or (loss) from gaming activities	• •					
		Gross sales of inventory, less returns and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales of inventory						
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	C	All d						
		All other revenue						
		Total. Add lines 11a-11d		-	0.040.055			(000 755)
	12	Total revenue. See instructions			2,848,378	0		0 (222,703)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 80,939 80,939 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 1,656 1,656 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 1,052,788 1,052,788 Compensation of current officers, directors, 100,000 33,000 33,000 34,000 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 323,542 166,849 23,572 133,121 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 76,824 26,627 14,666 35,531 10 33,162 16,038 4,165 12,959 11 Fees for services (non-employees): b Legal...... d Professional fundraising services. See Part IV, line 17 . Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 183,234 99,792 9,975 73,467 12 395,024 191,532 2,283 201,209 13 268,413 153,505 13,952 100,956 14 21,801 835 6,856 14,110 15 16 17 71,926 33,408 6,603 31,915 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 15,682 7,421 2,086 6,175 23 Insurance 2,456 2,072 384 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) licenses and registrations 13,260 2,733 10,002 525 b bad debt 15,258 1,120 13,224 914 C d е All other expenses Total functional expenses. Add lines 1 through 24e 25 2,655,965 1,868,243 142,456 645,266 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ∐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	413,633	1	602,467
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	39,739	3	55,425
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
w	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	4,481	9	43,437
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 75,998			
	b	Less: accumulated depreciation 10b 21,800	36,945	10c	54,198
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,350	15	13,164
	16	Total assets. Add lines 1 through 15 (must equal line 34)	497,148	16	768,691
	17	Accounts payable and accrued expenses	83,993	17	95,683
	18	Grants payable	71,240	18	138,680
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
iab		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	155,233	26	234,363
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and			
S		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	(76,176)	27	112,201
ala	28	Temporarily restricted net assets	418,091	28	422,127
<u> </u>	29	Permanently restricted net assets		29	
F		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
~	33	Total net assets or fund balances	341,915	33	534,328
	34	Total liabilities and net assets/fund balances	497,148	34	768,691

EEA Form **990** (2018)

Χ

Χ

2c

3a

3b

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Schedule O.

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

SCHEDULE A

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.

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

Pen	nny Appeal USA Inc 47-5165837										
Pa	rt I	Reason for Public Charity	y Status (All or	ganizations must co	omplete	this part	.) See instruction	ns.			
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box.)					
1		A church, convention of churches, or	association of chu	irches described in sect	ion 170(b)	(1)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)					
3		A hospital or a cooperative hospital s	service organization	n described in section 1	70(b)(1)(A	A)(iii).					
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)(1)(A)(iii). Enter the				
		hospital's name, city, and state:	,	·		•	,,,,,,				
5	П	An organization operated for the bene	efit of a college or u	university owned or opera	ated by a c	novernmen	tal unit described in				
•		section 170(b)(1)(A)(iv). (Complete	_	annotony omnou or opon		,					
6		A federal, state, or local government	•	init described in section	170(b)(1)	(Δ)(γ)					
7	X	An organization that normally receive	•				m the general nublic				
•	Z	described in section 170(b)(1)(A)(vi	•		verriinentai	unit or no	in the general public				
	П	A community trust described in secti		,							
8 9	Н	An agricultural research organization			rotod in oc	niunation	with a land grant call	logo			
9	Ш	•				•	•	iege			
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or										
10	П	university: An organization that normally receive	c: (1) more than 22	2 1/29/ of its support from	o contributi	one momb	orehin food and grou	20			
10	Ш	receipts from activities related to its e	` '	• •		•		55			
		·	•	•	•	•					
		support from gross investment income acquired by the organization after Ju		,			ioni businesses				
11	П	An organization organized and opera				•					
12	Н	An organization organized and operation	•					200			
12	Ш	of one or more publicly supported or	•	•							
		Check the box in lines 12a through 12	=	. , . ,			•				
	•	_				•		•			
	а			•		•		virig			
		the supported organization(s) the supporting organization. You mu			illy of the c	ill ectors or	ilusiees of the				
	b	Type II. A supporting organization	•		ith ita ayar	orted ora	anization(a) by bayin				
	D		•			_	, , , ,	-			
		control or management of the sup		•	150115 11101 1	CONTROL OF 1	nanage the supporte	u			
	_	organization(s). You must comp			anaction w	ith and fu	nationally intograted	ith			
	С	Type III functionally integrated		•				willi,			
	a	its supported organization(s) (see	•	•				tion(a)			
	d	that is not functionally integrated.	,	, ,				` '			
		requirement (see instructions). Y	0			•	it and an attentivenes	5			
	е	Check this box if the organization	-				Type II Type III				
	-	functionally integrated, or Type III				sa Type I,	Type II, Type III				
	f	Enter the number of supported organ		negrated supporting orga	ariizatiori.						
	g	Provide the following information about		raanization(s)							
) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rappization	(v) Amount of monetary	(vi) Amou	int of		
	(1) Name of supported organization	(11) E114	(described on lines 1-10	` '	r governing	support (see	other supp			
				above (see instructions))	docum	ent?	instructions)	instruct	ions)		
					Yes	No	-				
					100	140					
(A)											
(B)											
(C)											
(D)											
/E\											
(E)											
Tota											

47-5165837

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

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

OCC	tion A. I ablic Support						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		3,000	1,358,008	1,544,378	3,071,078	5,976,464
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		3,000	1,358,008	1,544,378	3,071,078	5,976,464
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						2,054,913
6	Public support. Subtract line 5 from line 4						3,921,551
	tion B. Total Support	() 0044	41.0045	() 0040	(1) 0047	() 0040	
	idar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4		3,000	1,358,008	1,544,378	3,071,078	5,976,464
	payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						5,976,464
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	·					▶ 🏻
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2018 (line 6, c					14	%
15	Public support percentage from 2017 Sched					15	%
16a	33 1/3% support test - 2018. If the organize			•	•		
	box and stop here. The organization qualif						▶ ⊔
b	33 1/3% support test - 2017. If the organiz						
	this box and stop here. The organization q	•					▶ ⊔
17a	10%-facts-and-circumstances test - 2018	=					
	10% or more, and if the organization meets				-		
	Part VI how the organization meets the "fact		=				, \sqcap
L	organization						▶ ⊔
b	10%-facts-and-circumstances test - 2017	=				IIIIE	
	15 is 10% or more, and if the organization respectively.					dv	
	Explain in Part VI how the organization mee supported organization					-	▶ □
18	Private foundation. If the organization did						••••
. •	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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here a						▶ □
Se	ction C. Computation of Public Su	pport Percer	ntage				
15	Public support percentage for 2018 (line 8, co	. , .	•	**			%
16	Public support percentage from 2017 Schedu					. 16	%
	ction D. Computation of Investmen					T - T	
17	Investment income percentage for 2018 (line	. ,,,	•	` ' ' '			%
18	Investment income percentage from 2017 Se						%
19a	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box						▶ □
	33 1/3% support tests - 2017. If the organize line 18 is not more than 33 1/3%, check this	box and stop he	ere. The organization	on qualifies as a p	ublicly supported o	organization	
<u>20</u>	Private foundation. If the organization did r	ot check a box o	on line 14, 19a, or 1	9b, check this box	cand see instruction	ons	<u></u>

47-5165837

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- 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 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
_	1		
	2		
	3a		
;	3b		
;	3c		
	4a		
	4b		
<u>_</u>	4c		
	5a		
	5b		
	5c		
(6		
	7		
	В		
	9a		
!	9b		
_ !	9с		
1	0a		
1	0b		
A (Form	990	or 990-E	Z) 2018

	lle A (Form 990 or 990-EZ) 2018	1	P	age
Par	t IV Supporting Organizations (continued)			
			Yes	No
	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 (b) and (c)	44-		
	below, the governing body of a supported organization?	11a 11b		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	tion B. Type I Supporting Organizations	110		
000	ion B. Type I dapporting digunizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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,			
500	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	tion C. Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	ıstruc	tions)).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	, .		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see in		
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sched	ule A (Form 990 or 990-EZ) 2018 Penny Appeal USA Inc		47-516	55837	Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	ations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (expla	in in Part VI	l). See
	instructions. All other Type III non-functionally integrated supporting organia	zations	s must complete Section	ns A throug	jh E.
Sec	tion A - Adjusted Net Income		(A) Prior Year	` '	rent Year tional)
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				
СО	llection of gross income or for management, conservation, or				
ma	aintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B - Minimum Asset Amount		(A) Prior Year	` '	rent Year tional)
1	Aggregate fair market value of all non-exempt-use assets (see				
ins	structions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
fa	actors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
se	e instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount			Curren	nt Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 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				
en	nergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting	organizatio	on (see
	instructions).	-		-	

EEA Schedule A (Form 990 or 990-EZ) 2018 47-5165837

Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organia	zations (continued)			
Sec	tion D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes	of supported organizati	ions			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the	organization is respons	sive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2018 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount	T I				
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2018					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
	Excess distributions carryover, if any, to 2018					
	From 2013					
	From 2014					
	From 2015					
	From 2016					
	From 2017					
	Total of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2018 distributable amount					
<u>!</u>	Carryover from 2013 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2018 from					
	Section D, line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2018 distributable amount					
	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2019. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Evenes from 2014					
	Excess from 2015					
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					

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

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Name of the organization

Internal Revenue Service

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Employer identification number

47-5165837 Penny Appeal USA Inc Organization type (check one): Filers of: Section: Form 990 or 990-EZ ∑ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number
Penny Appeal USA Inc 47-5165837

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Penny AppealUK Cross Street Chambers Wakefield Cross Street, United Kingdom WF13BW	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Baitulmaal 2300 Valley View Lane Irving, TX 75062	\$147,530	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2018

Open to Public

Inspection Name of the organization Employer identification number Penny Appeal USA Inc 47-5165837 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Ves 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose 🗌 Yes 🗌 No conferring impermissible private benefit? Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total acreage restricted by conservation easements h Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 🗌 Yes 🗌 No

organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 - (i) Revenue included on Form 990, Part VIII, line 1
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- Revenue included on Form 990, Part VIII, line 1
- Assets included in Form 990. Part X

Pai	t III Organizations Maintaining Colle	ctions of Ar	t, Histo	rical Tre	easures, c	or Oth	er Similar As	sets (continu	ued)
3	Using the organization's acquisition, accession, and ot	her records, ch	eck any of	the follow	ing that are a	signific	ant use of its			
	collection items (check all that apply):									
а	Public exhibition	d Loan	or exchar	ige progra	ams					
b	Scholarly research	e 🗌 Othe	r							
С	Preservation for future generations		-							
4	Provide a description of the organization's collections	and explain hov	w they furth	ner the org	janization's e	xempt p	urpose in Part			
	XIII.									
5	During the year, did the organization solicit or receive	donations of art	, historical	treasures	, or other sim	ilar				
	assets to be sold to raise funds rather than to be mair	ntained as part o	of the orga	nization's	collection?			[Yes	☐ No
Pai	t IV Escrow and Custodial Arrangeme	ents.								
	Complete if the organization answer	red "Yes" on	Form 9	90, Part	IV, line 9,	or rep	orted an amo	unt on	Form	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian or other	r intermediary for	or contribu	tions or ot	her assets n	ot				
	included on Form 990, Part X?							[Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and com	plete the followi	ng table:							
							Aı	mount		
С	Beginning balance					10	:			
d	Additions during the year					10	1			
е	Distributions during the year					1e	!			
f	Ending balance		. .			1f				
2a	Did the organization include an amount on Form 990,	Part X, line 21, f	or escrow	or custod	ial account lia	ability?		[Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII. Check h	ere if the explar	nation has	been prov	rided on Part	XIII				. 🗌
Pai	t V Endowment Funds.									
	Complete if the organization answer	red "Yes" on	Form 9	90, Part	IV, line 10).				
	(a)	Current year	(b) Prio	r year	(c) Two years	s back	(d) Three years back	(e)	Four years	s back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year e	end balance (lin	e 1g, colun	nn (a)) he	ld as:					
а	Board designated or quasi-endowment ►	%								
b	Permanent endowment ► %									
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c should equal	100%.								
3a	Are there endowment funds not in the possession of t	he organization	that are h	eld and ac	lministered fo	or the				
	organization by:								Yes	s No
	(i) unrelated organizations							. 3	a(i)	
	(ii) related organizations							. 3a	a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations list	ed as required o	on Schedu	le R?				. :	3b	
4	Describe in Part XIII the intended uses of the organization	ation's endowm	ent funds.							
Pai	t VI Land, Buildings, and Equipment.									
	Complete if the organization answer	red "Yes" on	Form 9	90, Part	IV, line 11	1a. Se	e Form 990, F	art X,	line 10).
	Description of property	(a) Cost or other	r basis	(b) Cost o	r other basis	(c)	Accumulated	(d)	Book valu	ie
		(investmer	nt)	(0	other)	d	epreciation			
1a	Land									
b	Buildings									
С	Leasehold improvements								_	
d	Equipment				26,490		9,308		17	,182
е	Other				49,508		12,492			,016
Tota	I. Add lines 1a through 1e. (Column (d) must equal Fo	orm 990, Part X	, column (B), line 10	Oc.)				54	,198

	Complete if the organization answere	<u>a 168 on Form 990, Fe</u>	art IV, line 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
-	derivatives		
	neld equity interests		
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(G) (H)			
	b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
i ait viii		d "Yes" on Form 990 P:	art IV, line 11c. See Form 990, Part X, line 13.
	<u>-</u>		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			and the state of t
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8)			
(9)	b) must equal Form 990, Part X, col. (B) line 13.)		
(9) Fotal. (Column (l	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.		
(9) Fotal. (Column (l	Other Assets.	d "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(9) Fotal. (Column (l	Other Assets. Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(9) Total. (Column (l	Other Assets. Complete if the organization answere		
(9) Fotal. (Column (I	Other Assets. Complete if the organization answere		
(9) Fotal. (Column (I Part IX (1)	Other Assets. Complete if the organization answere		
(9) Fotal. (Column (I Part IX (1) (2)	Other Assets. Complete if the organization answere		
(9) Fotal. (Column (I Part IX (1) (2) (3)	Other Assets. Complete if the organization answere		
(9) Fotal. (Column (I Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answere		
(9) Fotal. (Column (I Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answere		
(9) Fotal. (Column (I Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere		
(9) Fotal. (Column (I Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere		
(9) Fotal. (Column (I Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (I	Other Assets. Complete if the organization answere (a) D (b) must equal Form 990, Part X, col. (B) line 15	escription	
(9) Fotal. (Column (I Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (I	Other Assets. Complete if the organization answere (a) D (b) must equal Form 990, Part X, col. (B) line 18 Other Liabilities.	escription 5.)	(b) Book value
(9) Fotal. (Column (I Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (I	Other Assets. Complete if the organization answeres (a) D (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answeres	escription 5.)	(b) Book value
(9) Fotal. (Column (I Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (I	Other Assets. Complete if the organization answere (a) D (b) must equal Form 990, Part X, col. (B) line 18 Other Liabilities.	escription 5.)	(b) Book value
(9) Fotal. (Column (I) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (I) (Part X)	Other Assets. Complete if the organization answeres (a) D (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answeres line 25. (a) Description of liability	escription 5.)	(b) Book value
(9) Fotal. (Column (I) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (I) Part X	Other Assets. Complete if the organization answeres (a) D (b) must equal Form 990, Part X, col. (B) line 18 Other Liabilities. Complete if the organization answeres line 25.	5.)d "Yes" on Form 990, Pa	(b) Book value
(9) Fotal. (Column (I) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (I) Part X	Other Assets. Complete if the organization answeres (a) D (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answeres line 25. (a) Description of liability	5.)d "Yes" on Form 990, Pa	(b) Book value
(9) Fotal. (Column (II (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X I. (1) Federal (2) (3)	Other Assets. Complete if the organization answeres (a) D (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answeres line 25. (a) Description of liability	5.)d "Yes" on Form 990, Pa	(b) Book value
(9) Fotal. (Column (I) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (I) Part X I. (1) Federal (2) (3) (4)	Other Assets. Complete if the organization answeres (a) D (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answeres line 25. (a) Description of liability	5.)d "Yes" on Form 990, Pa	(b) Book value
(9) Fotal. (Column (I) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (I) Part X 1. (1) Federal (2) (3) (4) (5)	Other Assets. Complete if the organization answeres (a) D (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answeres line 25. (a) Description of liability	5.)d "Yes" on Form 990, Pa	(b) Book value
(9) Fotal. (Column (I) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (I) Part X 1. (1) Federal (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answeres (a) D (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answeres line 25. (a) Description of liability	5.)d "Yes" on Form 990, Pa	(b) Book value
(9) Total. (Column (I) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (I) Part X 1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answeres (a) D (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answeres line 25. (a) Description of liability	5.)d "Yes" on Form 990, Pa	(b) Book value
(9) Total. (Column (I) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (I) Part X 1. (1) Federal (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answeres (a) D (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answeres line 25. (a) Description of liability	5.)d "Yes" on Form 990, Pa	(b) Book value

47-5165837

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With R		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			
1	Total revenue, gains, and other support per audited financial statements		1	3,101,034
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	4,770		
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	247,886		
е	Add lines 2a through 2d		2e	252,656
3	Subtract line 2e from line 1		3	2,848,378
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.)			
c	Add lines 4a and 4b		4c	
5 Do	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 Dotu	2,848,378
Pa	Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line		er Ketu	rn.
	•		1	2 000 621
1 2			1	2,908,621
	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	4 550		
a		4,770		
b	Prior year adjustments			
C	Other losses	0.47 006		
d	Other (Describe in Part XIII.)	247,886	0-	252 656
e	Add lines 2a through 2d		2e	252,656
3	Subtract line 2e from line 1		3	2,655,965
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	· · · · · · · · · · · · · · · · · · ·		4-	
С 5	Add lines 4a and 4b		4c 5	0 655 065
_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,655,965
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Port V. line 4: Por	+ V line	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor		t A, III le	
2, Fc	int XI, lines 20 and 4b, and Part XII, lines 20 and 4b. Also complete this part to provide any additional infor	mation.		

EEA Schedule D (Form 990) 2018

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number Name of the organization Penny Appeal USA Inc 47-5165837 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I 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 □ No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total region (by type) (such as. of offices in expenditures for employees. a program service, the region agents, and fundraising, program services, describe specific type of and investments investments, grants to recipients independent service(s) in the region in the region located in the region) contractors in the region Europe (including (1) Iceland and Greenland) Grant making Human aid relief 1,052,788 (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12) (13)(14)(15)(16)(17)Sub-total 1,052,788 Total from continuation sheets to Part I Totals (add lines 3a and 3b) 1,052,788

EEA

Schedule F (Form 990) 2018

Schedule F (F	Form 990) 2018	Penny Appeal US	A Inc				47-51	.65837	Page 2
Part II	Grants and Ot	ther Assistance to	Organizations or Entities	Outside the Uni	ted States. Comple	ete if the organi	zation answere	ed "Yes" on Fo	rm 990,
	Part IV, line 15	, for any recipient w	ho received more than \$5,0	00. Part II can be	e duplicated if additi	ional space is n	eeded.		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Europe (including						
(1)			Iceland and Greenlan	dHuman aid	6,000	wire trans			
(-)			Europe (including						
(2)			Iceland and Greenlan	d)ivestock	4,400	wire trans			
. ,			Europe (including						
(3)			Iceland and Greenlan	d\$upport fo	31,410	wire trans			
`,			Europe (including						
(4)			Iceland and Greenlan	dFood secur	176,600	wire trans			
			Europe (including						
(5)			Iceland and Greenlan	dsafe wate	334,788	wire trans			
			Europe (including						
(6)			Iceland and Greenlan	dHuman aid	68,873	wire trans			
			Europe (including						
(7)			Iceland and Greenlan	dDisaster a	48,000	wire trans			
			Europe (including						
(8)			Iceland and Greenlan	d Q urbani Sy	117,641	wire trans			
			Europe (including						
(9)			Iceland and Greenlan	daducation	147,200	wire trans			
			Europe (including						
(10)			Iceland and Greenlan	demergency	10,000	wire trans			
			Europe (including			_			
(11)			Iceland and Greenlan	demergency	4,935	wire trans			
(12)									
(13)									
(14)									
,									
(15)									
(16)									
			above that are recognized as chars provided a section 501(c)(3) equiv	,	untry, recognized as tax	•	>		10
3 Er	nter total number of oth	er organizations or entitie	s				>		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Part III can be duplicated if additional space is needed.					art IV, line 16.		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

	1 Croight Child			
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

EEA Schedule F (Form 990) 2018 Schedule F (Form 990) 2018 Page **5**

Part V	Provide the 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.

EEA Schedule F (Form 990) 2018

SCHEDULE G (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.

2018

Open to Public

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Inspection

Name of the organization						Employer ide	ntification number
Penny Appeal USA Inc						47-51	
Part I Fundraising Activities	•	-		swered "Yes" on	Form 990), Part IV,	line 17.
Form 990-EZ filers are not			•				
1 Indicate whether the organization rais	ed funds through		-				
a Mail solicitations				of non-government gra	ants		
b Internet and email solicitations				of government grants			
c Phone solicitations		g 🗌	Special fund	draising events			
d 🗌 In-person solicitations							
2a Did the organization have a written or	oral agreement	with any indiv	idual (includ	ing officers, directors,	trustees,		
or key employees listed in Form 990,	Part VII) or entity	in connectio	n with profes	ssional fundraising se	rvices?	Ye	es 🗌 No
b If "Yes," list the 10 highest paid individ	uals or entities (f	undraisers) p	oursuant to a	greements under which	ch the fundr	aiser is to be	е
compensated at least \$5,000 by the o	rganization.						
(i) Nome and address of individual		(iii) Did fund	draiser have	(iv) Cross resoints		(v) Amount paid to (vi) Amount page	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or	r control of	(iv) Gross receipts from activity		ained by) er listed in	(or retained by)
			utions?	,		l. (i)	organization
_		Yes	No				
1							
2							
-							
3							
4							
5							
5							
6							
7							
8							
9							
10							
Total							
3 List all states in which the organization	is registered or li	censed to so	licit contribu	tions or has been noti	fied it is exe	∍mpt 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. (b) Event #2 (a) Event #1 (c) Other events (d) Total events (add col. (a) through Comedy Tour RamadanIftar 2 col. (c)) (event type) (event type) (total number) Revenue Gross receipts 282,819 1 80,445 90,508 111,866 Less: Contributions 97,412 77,140 83,091 257,643 Gross income (line 1 minus line 2) 14,454 3,305 7,417 25,176 Cash prizes 5 Noncash prizes Rent/facility costs 1,582 Direct Expenses 20,677 14,254 36,513 Food and beverages 832 20,314 2,824 23,970 8 Entertainment 18,100 12,500 61,258 91,858 Other direct expenses 19,995 14,587 60,966 95,548 247,889 (222,713)Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue Cash prizes 2 Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Volunteer labor No No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ **9** Enter the state(s) in which the organization conducts gaming activities: **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047 2018

Open to Public Inspection

Name of the organization						Employer identification	n number
Penny Appeal USA Inc						47-5165837	
Part I General Information on	Grants and Ass	sistance					
1 Does the organization maintain records to	substantiate the arr	nount of the grants or assi	stance, the grantees' eli	gibility for the grants o	r assistance, and		
the selection criteria used to award the g	rants or assistance?						🛛 Yes 🗌 N
2 Describe in Part IV the organization's pro	cedures for monitori	ng the use of grant funds	in the United States.				
Part II Grants and Other Assistan	ce to Domestic C	Organizations and Do	mestic Governmen	ts. Complete if the	organization answered	"Yes" on Form 99) 0,
Part IV, line 21, for any recip	ient that received	more than \$5,000. Par	rt II can be duplicated	d if additional space	e is needed.		
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of gran
or government		(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1)Tashirat Foundation							General
14525 SW Milken Way 26465							sponsorship
Beaverton, OR 97005	26-0310749	501 (c)(3)	5,000				of the
(2) Islamic Society of Greater							Feeding
7025 The Plaza							10,000
Charlotte, NC 28215	20-3773000	501 (c)(3)	7,171				American's or
(3)Baitulmaal Inc							Medication
2300 Valley View Lane Suite 38							shipment
Irving, TX 75062	20-0942434	501 (c)(3)	45,000		FM		Bandiiradley
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
2 Enter total number of section 501(c)(3) a	nd government organ	nizations listed in the line	Itable				3

3 Enter total number of other organizations listed in the line 1 table

3

47-5165837

Part III Grants and Other Assistance t Part III can be duplicated if addit			ne organization ansv	wered "Yes" on Form 990	, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					
art IV Supplemental Information. Pro	vide the information re	equired in Part I, li	ne 2; Part III, colum	n (b); and any other addi	tional information.
l. Monitoring procedures (Part I, line	2)			
Partners submit detailed Project	Proposal Form				
Partners go through our Due Dilig	gence process (we make the process and the process are the pro	require all the	eir legal and fi	nancial documentatio	n)
Once approved, a Funding Agreemen	nt is signed with p	partner.			
Partners are required to submit p	progress and comple	etion reports.			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

► Attach to Form 990 or 990-E2.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

47-5165837 Penny Appeal USA Inc 01. Committee meeting documentation (Part VI, line 8b) No subcommittees of the board at this time 02. Form 990 governing body review (Part VI, line 11) Once a draft 990 is ready a board meeting is held to discuss its content 03. Conflict of interest policy compliance (Part VI, line 12c) Form 990, Part VI, Section B, Line 12C: Both our Employee Handbook and Board Covenant outline the organization's conflict of interest policy. All staff and board members are encouraged to disclose any potential conflict of interest in writing to their line manager or chairman respectively. The policy is revisted annually. 04. CEO, executive director, top management comp (Part VI, line 15a) The Board of Directors looked at the salaries of comparable nonprofits in the area and spoke with a number of people in the sector to determine a fair and competitive salary. 05. Form 990 availability to public (Part VI, line 18) provided upon request 06. Governing documents, etc, available to public (Part VI, line 19) governing docs, polices, and 990 upon request; financial statements via website

Eorm 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

		•	_	
or calendar year 2018	or fiscal year beginning			and ending

2018 ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Employer identification number Name of exempt organization 47-5165837 Penny Appeal USA Inc Name and title of officer Oussama Mezoui, CEO Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here $\blacktriangleright X$ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 3a Form 1120-POL check here 4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I authorize to enter my PIN as my signature ERO firm name on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature 05-01-2019 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 520866 16770 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF)

ERO's signature **Tim Abercrombie**

Information for Authorized IRS *e-file* Providers for Business Returns.

Date ▶ 05-21-2019

OMB No. 1545-1878

Statement of Program Service Accomplishments

2018 PG01

Name(s) as shown on return

Your Social Security Number

Penny Appeal USA Inc

47-5165837

Statement #4

Form 990-Part III(a)

Statement of Service Accomplishment

Program Service Code
Program Service Expenses \$228621
Grants and allocations included in above expense \$184000
Program Services Revenue \$0

Explanation

Education Frist Education is a vital part of helping children get the start in life they need?to ensure a successful future. Once their basic necessities are met, we focus on giving children access to quality education by proving comfortable learning facilities and providing them with the necessary tools and resources they need to succeed.

Statement of Program Service Accomplishments 2018 PG01 Your Social Security Number Penny Appeal USA Inc 47-5165837

Form 990-Part III(b)

Statement #4

Statement of Service Accomplishment

Program Service Code Program Service Expenses \$221103 Grants and allocations included in above expense \$117641 Program Services Revenue \$0

Explanation

Name(s) as shown on return

Qurbani/Udhiya This is a seasonal food distribution program that focuses on providing meat to families who may not otherwise have reliable access to meat throughout the year. Each family, often women-led, receives up to 5 lbs. of fresh meat (beef or lamb).

Statement of Program Service Accomplishments

2018 PG01

Name(s) as shown on return

Penny Appeal USA Inc

Your Social Security Number

Form 990-Part III(c)

Statement #4

47-5165837

Statement of Service Accomplishment

Program Service Code

Program Service Expenses \$183015

Grants and allocations included in above expense \$36410

Program Services Revenue \$0

Explanation

OrphanKind This program is designed to help transform the lives of disadvantaged orphan children, offering them a better future in a secure family setting. With multiple donors providing each child with all the essentials for their emotional, psychological, and physical growth, we help every orphan pave a sustainable way to a brighter future in the face of tremendous loss.

Statement of Program Service Accomplishments

2018 PG01

Name(s) as shown on return

Penny Appeal USA Inc

Your Social Security Number

47-5165837

Statement #4

Form 990-Part III(d)

Statement of Service Accomplishment

Program Service Code
Program Service Expenses \$107081
Grants and allocations included in above expense \$20920
Program Services Revenue \$0

Explanation

Domestic Programs The two main programs in the United States are Beyond Bagged Lunches and Bridging the Digital Divide. Beyond Bagged Lunches focuses on those transitioning through homelessness by providing a range of social services such as access to food, hygiene packs, winter packs and access to medical assistance. Bridging the Digital Divide seeks to help children in low income communities succeed at school by providing them with the tools they need to succeed in the 21st century. We also provide parents with computer literacy classes to help them understand their children's homework and to empower them to find employment and access social services online.

Statement of Program Service Accomplishments 2018 PG01 Your Social Security Number Penny Appeal USA Inc 47-5165837

Form 990-Part III(e)

Statement #4

Statement of Service Accomplishment

Program Service Code Program Service Expenses \$61868 Grants and allocations included in above expense \$0 Program Services Revenue \$0

Explanation

Name(s) as shown on return

Income Generation This program seeks to give families economic independence. We're promoting sustainability and resilience among rural farmers by distributing goats to them. Goat farming plays a prominent role in supplementing the income of rural households particularly among landless, marginal, small farmers.

Statement of Program Service Accomplishments 2018 PG01 Your Social Security Number Penny Appeal USA Inc 47-5165837

Form 990-Part III(f)

Statement #4

Statement of Service Accomplishment

Program Service Code Program Service Expenses \$45370 Grants and allocations included in above expense \$45000 Program Services Revenue \$0

Explanation

Name(s) as shown on return

Heal Humanity: Too many people in the world lack access to basic healthcare. Through Heal Humanity we work to ensure they have the necessary medical, dental and eye care they need via refurbishing health facilities and providing medical services.

Penny Appeal USA Inc Tax Exempt Diagnostic Summary Employer Identification # 47-5165837

Demographics

Mailing Address: Phone:

717 King Street #200 Alexandria, VA 22314

Resident State: VA

Diagnostics

Preparer: Tim Abercrombie Invoice: Date: 05-21-2019

Return Information

Home on Datum	2018	2017 Federal		
Item on Return	Federal	(If available)		
Total Revenue	2,848,378	1,474,017		
Total Expenses	2,655,965	1,687,791		
Net Excess (Deficit)	192,413	(213,774)		
Net Assets or Fund				
Balances	534,328	341,915		

State/City Information

State/City	<u>Taxable</u>	<u>Total</u>	Change Fund	<u>UBIT</u>	<u>Total</u>	Refund/
	Revenue	Expenses	Balance		<u>Tax</u>	(Balance Due)