Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

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

Open to Public

OMB No. 1545-0047

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A	For th	e 2019 calendar year, or tax year beginning , 2019, and ending	l		, 20)	
_		C Name of organization	D Empl	oyer identifie	cation numb	ber	
в	Check if a	AGA KHAN FOUNDATION U.S.A.	52	-123198	33		
	Addr chan						
		Pechange Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telep	hone numbe	r		
	Initia	1825 K STREET, N.W. 901	(202) 293-	2537		
		return/ City or town, state or province, country, and ZIP or foreign postal code					
	Ame		G Gros	s receipts \$	295	766	,337.
		cation F Name and address of principal officer: 7AHTD RAHTMTOOLA	H(a) Is	this a group re		Yes	XNO
	pend	SAME AS "C" ABOVE		pordinates? e all subordinates	included?	Yes	No
1	Тах-ех	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 52		If "No," attach		1	
÷		ite: ► WWW.AKFUSA.ORG		oup exemption		,	
ĸ			of formation: 19			micile:	DC
	artl	Summary			e ui iegai uu	muche.	
	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE	0				
		bieny describe the organization's mission of most significant activities.	0				
nce n							
erne			050/ -f ita				
Governance	2	Check this box \blacktriangleright if the organization discontinued its operations or disposed of more the Number of units a second seco			I		15.
		Number of voting members of the governing body (Part VI, line 1a)					$\frac{15.}{15.}$
es	4	Number of independent voting members of the governing body (Part VI, line 1b)					38.
Activities &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)					
cti	6	Total number of volunteers (estimate if necessary)		6		۷,	000.
	10	Total unrelated business revenue from Part VIII, column (C), line 12					0.
	b	Net unrelated business taxable income from Form 990-T, line 39					
			Prior			rent Ye	
e	8	Contributions and grants (Part VIII, line 1h)	74,74	13,895.	169,	187,	141.
Revenue	9	Program service revenue (Part VIII, line 2g)	1.0	0.		0.05	0.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		18,512.			,014.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		57,735.			,020.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		30,142.			175.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,90	54,148.	75,	673,	499.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.			0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,0	38,072.	3,	239,	,178.
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)		0.			0.
ä	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,561,668.			-		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		48,167.			,212.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0,387.			,889.
	19	Revenue less expenses. Subtract line 18 from line 12	44,83	29,755.	88,	145,	,286.
Net Assets or	2		Beginning of (of Yea	
sset	20	Total assets (Part X, line 16)	-	L2,904.			949.
and and a set of the	21	Total liabilities (Part X, line 26)		29,783.			,161.
	-	Net assets or fund balances. Subtract line 21 from line 20	397,78	33,121.	486,	177,	,788.
	art II	Signature Block					
Ur tru	nder pe ie. corre	nalties of perjury, I declare that I have examined this return, including accompanying schedules and state ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer ha	ments, and to th as any knowledge	e best of my	knowledge	and be	ilief, it is
	,			0 - 1 - 1 - 1			
Sig	nn	Dimensional affinities		07/14/2	2020		
He		Signature of officer		ate			
		NAZLIN PEPERMINTWALA ASSOC DIR OF H	TNANCE				
		Type or print name and title			DTIN		
Pai	d	Print/Type preparer's name Preparer's signature Date		eck if	PTIN	000	-
	eparer		-,	f-employed	P000		<u> </u>
	e Only	Firm's name ►BDO USA, LLP	Firm's E	IN ▶13-			
		Firm's address ▶8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102	Phone r		-893-0		
	-	IRS discuss this return with the preparer shown above? (see instructions)				es	<u>No</u>
Fo	r Pape	rwork Reduction Act Notice, see the separate instructions.			For	n 990	(2019)

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Pa	rt III Statement of Program Service Accomplishments	v
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	X
·	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program servic	an an manaurad by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$40,096,306. including grants of \$40,096,306.) (Revenue \$	0.)
	DIAMOND JUBILEE GRANT TO AKF GENEVA: PART OF AKF ENDOWMENT THAT	
	WILL SERVE ON A LONG TERM BASIS TO COVER A PORTION OF VARIOUS	
	EXPENDITURES.	
4b	(Code:) (Expenses \$ 2,993,661. including grants of \$ 2,993,661.) (Revenue \$	0.)
	ATTACHMENT 1	·
4c	(Code:) (Expenses \$ 2,164,500. including grants of \$ 2,164,500.) (Revenue \$	0.)
	ATTACHMENT 2	,
4d	Other program services (Describe on Schedule O.)	
Ŧu	(Expenses \$ 34,839,802. including grants of \$ 30,419,032.) (Revenue \$ 179,043.)	
<u>4e</u>	Total program service expenses ► 80,094,269.	
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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
0				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			x
-	"Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		x
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
		11f	х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	Х	
	Schedule D, Parts XI and XII	12a	A	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.01		v
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			Í
	fundraising, business, investment, and program service activities outside the United States, or aggregate			1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	Í
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Х	Í

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
~~	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	22	х	
24.5	employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	A	
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
U	to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
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, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	200		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	X	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
50	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	•••		
-	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	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			v
	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 192 Note: All Form 990 filers are required to complete Schedule O	20	Х	
Part	 19? Note: All Form 990 filers are required to complete Schedule O. V Statements Regarding Other IRS Filings and Tax Compliance 	38	Δ	
ran	Check if Schedule O contains a response or note to any line in this Part V			\square
		•••	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
5	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 38			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0.5		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders.			
Ø	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12-	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
a	Note: See the instructions for additional information the organization must report on Schedule O.	Tou		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
5	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b	elow, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedul	e O. See i	nstruc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI	. 		Х
Sect	on 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	15		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship v	/ith		
	any other officer, director, trustee, or key employee?	. 2	X	
3	Did the organization delegate control over management duties customarily performed by or under the dir			37
	supervision of officers, directors, trustees, or key employees to a management company or other person?			X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?			A
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appr			x
	one or more members of the governing body?	••		
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb			x
0	stockholders, or persons other than the governing body?	••		
8	Did the organization contemporaneously document the meetings held or written actions undertaken due the year by the following:	ing		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?		Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code	1	1
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapt			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	? 11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	4.01-	X	
•	rise to conflicts?			
C	describe in Schedule O how this was done	10	x	
13	Did the organization have a written whistleblower policy?		Х	
14	Did the organization have a written document retention and destruction policy?		Х	
15	Did the process for determining compensation of the following persons include a review and approval			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	-		
а	The organization's CEO, Executive Director, or top management official		Х	
b	Other officers or key employees of the organization		X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent		
	with a taxable entity during the year?			X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard organization's exempt status with respect to such arrangements?			
Secti	organization's exempt status with respect to such an angements?		<u> </u>	<u> </u>
	List the states with which a copy of this Form 990 is required to be filed AL, CA, FL, GA, IL, TN, TX, WA			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 9		ction F	501(2)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	,50-1 (Set		01(0)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conf	lict of inte	erest r	olicv
-	and financial statements available to the public during the tax year.		F	· ,,
20	State the name, address, and telephone number of the person who possesses the organization's books and re NAZLIN PEPERMINTWALA 1825 K STREET, N.W., #901 WASHINGTON, DC 20006 202-293-2537	ecords 🕨		

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co										
	Check if Schedule	00	contains a r	esponse or n	ote to anv line	e in this	Bart VII				Х

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box, office	unles er and	Pos heck ss pe	erson	e than c is both cor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) ALEEM WALJI	40.00									
CHIEF EXECUTIVE OFFICER	0.			x				366,272.	0.	57,322.
(2) KARIM MERCHANT	40.00							00072721		
DIRECTOR OF DVLP & VOL. ENGMT	0.					x		161,861.	0.	25,331.
(3) ELIZABETH GRANT	40.00									
DIRECTOR OF PROGRAMS	0.	-				x		159,083.	0.	24,897.
(4) NAZLIN PEPERMINTWALA	40.00									
ASSOCIATE DIRECTOR OF FINANCE	0.			Х				140,139.	0.	21,932.
(5) ANNA TITULAER	40.00									
GLOBAL LEAD, LOCAL IMPACT	0.					x		121,189.	0.	18,966.
(6)HIS HIGHNESS SHAH KARIM	1.00									
AL-HUSSEINI AGA KHAN, CHAIRMAN	0.	X						0.	0.	0.
(7) PRINCE AMYN AGA KHAN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(8) PRINCESS ZAHRA AGA KHAN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(9) PRINCE RAHIM AGA KHAN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(10) JANE PIACENTINI-MOORE	1.00									
DIRECTOR	0.	X						0.	0.	0.
(11) ALAN ABELA	1.00									
DIRECTOR	0.	X						0.	0.	0.
(12) GUILLAME DE SPOELBERCH	1.00									
DIRECTOR	0.	X						0.	0.	0.
(13) SHERINA EBRAHIM	5.00									
CHAIRMAN NATIONAL COMMITTEE	0.	Х						0.	0.	0.
(14) ZAHID RAHIMTOOLA	5.00									
VICE-CHAIRMAN, SECRETARY/TREAS	0.	X		Х				0.	0.	0.

Form **990** (2019)

JSA

Form	990	(2019)	

(A) Name and title	(B) Average hours per week (list any hours for	box, office	not ch unles er and	s pei l a di	ition more rson irecto	than or is both a or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
5) ALI ALJUNDI MEMBER, NATIONAL COMMITTEE	1.00	x						0	. 0.	
6) FARIDA KHEMANI MEMBER, NATIONAL COMMITTEE	1.00	x						0	. 0.	
7) MAHMOOD KHIMJI MEMBER, NATIONAL COMMITTEE	1.00	x						0	. 0.	
8) SHAIZA DAMJI NURANI MEMBER, NATIONAL COMMITTEE 9) ALEEM REMTULA	1.00 0. 1.00	x						0	. 0.	
MEMBER, NATIONAL COMMITTEE 0) NAGEEB SUMAR	0.	x						0	. 0.	
MEMBER, NATIONAL COMMITTEE 1) AL-KARIM ALIDINA	0.	x		_				0	. 0.	
EX-OFFICIO MEMBER, NTL COMM. 2) DR. BARKAT FAZAL	0.	x						0	. 0.	
EX-OFFICIO MEMBER, NTL COMM.	0.	X						0	. 0.	
		-								
Ib Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)						 		948,544. 0. 948,544.	0	. 148,44
 2 Total number of individuals (including but not reportable compensation from the organization) 	limited to t	hose				e) who	re		-	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheder Sched										Yes N 3
For any individual listed on line 1a, is the organization and related organizations gr individual.	sum of rep eater than	oortab \$15	ole c 50,00	omj 00?	pen <i>If</i>	sation <i>"Yes,</i>	ar ″ (nd other compens complete Schedu	sation from the Ile J for such	4 X
 Did any person listed on line 1a receive or for services rendered to the organization? If ") Section B. Independent Contractors 										5
I Complete this table for your five highest con compensation from the organization. Report year.										
(A) Name and business ad	dress							(B) Description of se	ervices	(C) Compensation
ATTACHMENT 3										

						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues							
ΩĔ	c	Fundraising events			11,501,454.				
ifts ar A	d	Related organizations			1,346,000.				
Dig	е	Government grants (co	ontribu	utions) 1e	7,112,824.				
Sir	f	All other contributions,	gifts,	grants,					
utio		and similar amounts not i	nclude	ed above 1f	149,226,863.				
ęż	g	Noncash contributions	s inclu	ded in					
ont of		lines 1a-1f		1g	\$ 5,826,634.				
ອັບັ	h	Total. Add lines 1a-1f				169,187,141.			
					Business Code				
ice	2a								
er v	b								
Program Service Revenue	c								
ev e	d								
ро В	е								
ሻ	f	All other program servi	ice rev	venue					
	g	Total. Add lines 2a-2f			<u> </u>	0.			
	3	Investment income	(inclu	ding dividends,	interest, and				
		other similar amounts)			►	3,277,957.	179,043.		3,098,914.
	4	Income from investme	ent of	tax-exempt bond	l proceeds 🔒 🕨	0.			
	5	Royalties			. <u></u>	0.			
				(i) Real	(ii) Personal				
	6a	Gross rents	6a						
	b	Less: rental expenses	6b						
	с	Rental income or (loss)	6c						
	d	Net rental income or (lo	oss) 🛯		. <u></u>	0.			
	7a	Gross amount from		(i) Securities	(ii) Other				
		sales of assets							
		other than inventory	7a	121,020,885.					
ue	b	Less: cost or other basis							
er Revenue		and sales expenses	7b	121,073,828.					
Sev	с	Gain or (loss)	7c	-52,943.					
٩	d	Net gain or (loss)		• • • • • • • <u>• • •</u>	. <u></u>	-52,943.			-52,943.
oth	8a	Gross income fro							
0		events (not including \$	3^{1}	1,501,454.					
		of contributions rep							
		1c). See Part IV, line 18	8	<u>8a</u>	2,290,402.	-			
	b	Less: direct expenses		8b	1,195,334.				
	c	Net income or (loss) fr	om fu	Indraising events	<u> ▶</u>	1,095,068.			1,095,068.
	9a	Gross income f	from	gaming					
		activities. See Part IV, I	ine 19	9 <u>9a</u>	0.	-			
	b	Less: direct expenses			0.				
	c	Net income or (loss) f	rom g	paming activities	. <u></u> ►	0.			
	10a	Gross sales of i	nvent	ory, less					
		returns and allowances			0.				
	b	Less: cost of goods sol	d	<u>10b</u>					
	C	Net income or (loss) fr	om sa	les of inventory		0.			
sn					Business Code				
Miscellaneous Revenue	11a	NET CSV LIFE INSURAN	NCE			-10,048.			-10,048.
llar /en	b								
e Se	c								
Sin T	d	All other revenue			L				
	e	Total. Add lines 11a-1				-10,048.			
	12	Total revenue. See ins	structio	ons	🕨	173,497,175.	179,043.		4,130,991.

Form 990 (2019) Part VIII

Statement of Revenue

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

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mus		All other organization	ns must complete colun	n(A)
Check if Schedule O contains a resp				
	(A)		(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	877,257.	877,257.		
2 Grants and other assistance to domestic	40 011	40 011		
individuals. See Part IV, line 22	49,811.	49,811.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	74,746,431.	74,746,431.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	585,664.	81,035.	423,594.	81,035
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	2,005,678.	889,178.	171,166.	945,334
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	259,134.	97,021.	59,476.	102,637
9 Other employee benefits	140,904.	52,755.	32,340.	55,809
10 Payroll taxes	247,798.	92,777.	56,874.	98,14
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	337,620.	177,830.	159,790.	
c Accounting	132,703.	55,267.	77,436.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	117,414.		117,414.	
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	0.			
12 Advertising and promotion	103,078.	93,020.		10,058
13 Office expenses	378,774.	19,307.	254,216.	105,251
14 Information technology	58,191.		58,191.	
15 Royalties	0.			
16 Occupancy	357,235.	133,963.	59,875.	163,397
17 Travel	188,017.	53,362.	134,655.	
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.	1		
22 Depreciation, depletion, and amortization	1,730,672.	1,730,672.		
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)	0.000.000		0.000.000	
aDOUBTFUL PLEDGES PROVISION	2,088,030.		2,088,030.	
bPROPERTY TAXES & LICENSES	947,478.	944,583.	2,895.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	85,351,889.	80,094,269.	3,695,952.	1,561,668
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising collicitation Check back beca				
fundraising solicitation. Check here ► if	0			

JSA 9E1052 2.000

following SOP 98-2 (ASC 958-720)

7/9/2020

. . . .

0.

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,000.	1	1,000
2	Savings and temporary cash investments.	140,273,421.	2	154,476,558
3	Pledges and grants receivable, net	129,032,337.	3	183,651,880
4	Accounts receivable, net.	0.	4	
5	Loans and other receivables from any current or former officer, director,		-	
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section $4958(f)(1)$, and persons described in section $4958(c)(3)(B)$.	0.	6	
7	Notes and loans receivable, net	0.	•	
7 8 0	Inventories for sale or use	0.	8	
9	Prepaid expenses and deferred charges	0.	-	
-	Land, buildings, and equipment: cost or other		5	
liva	basis. Complete Part VI of Schedule D 10a 129,964,160.			
h	Less: accumulated depreciation	89,280,231.	10c	105,558,273
11	Investments - publicly traded securities.	0.	11	
12	Investments - other securities. See Part IV, line 11	28,281,574.		30,208,124
13	Investments - program-related. See Part IV, line 11.	13,250,000.	13	15,741,379
14	Intangible assets	0.	14	10,,11,0,1
15	•	2,394,341.	14	4,574,735
	Other assets. See Part IV, line 11	402,512,904.	-	494,211,949
16	Total assets. Add lines 1 through 15 (must equal line 33)	456,885.	16	4,585,244
17	Accounts payable and accrued expenses	749,370.		94,660
18	Grants payable	1,877,994.		1,360,871
19	Deferred revenue	0.		1,300,871
20	Tax-exempt bond liabilities	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%	0.		
	controlled entity or family member of any of these persons	0.		
23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.	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			1 002 200
	of Schedule D	1,645,534.		1,993,386
26	Total liabilities. Add lines 17 through 25	4,729,783.	26	8,034,161
27 28 29 30 31 32	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	265,859,163.	27	261,917,009
28	Net assets with donor restrictions.	131,923,958.	27	224,260,779
	Organizations that do not follow FASB ASC 958, check here ►	131,723,730.	20	221,200,775
!	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		29 30	
30				
20	Retained earnings, endowment, accumulated income, or other funds.	397,783,121.	31	486,177,788
32		402,512,904.	32	494,211,949
33	Total liabilities and net assets/fund balances	HUZ, JIZ, 904.	33	Form 990 (20

Form 9	90 (2019)				Pa	ge 12
Part	XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			97,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	5,3	51,8	389.
3	Revenue less expenses. Subtract line 2 from line 1	3	8	8,1	45,2	286.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39	7,7	83,1	L21.
5	Net unrealized gains (losses) on investments	5		2	49,3	381.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	<u>32,</u> column (B))	10	48	6,1	77,7	/88.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>			X
			-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		· ·	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on	a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	ant?	· · -	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t				
	Single Audit Act and OMB Circular A-133?		•• F	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•			37	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .	<u></u>	3b	Х	

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 6

		nt of the Treasury evenue Service		Go to www.irs.gov	//Form990 for instruction	ons and t	he latest i	nformation.	Inspection
		he organization						Employer identif	
-		HAN FOUNDA'				<u> </u>		52-12319	
Ра					-			art.) See instructions	S
	org	1	-		is: (For lines 1 through	-	-		
1					tion of churches desc				
2		1			. (Attach Schedule E	-			
3		-			rganization described				
4		hospital's nam	•	•	conjunction with a no:	spital de	scribed if	n section 170(b)(1)(A)	(III). Enter the
5					a college or universit		d or one	prated by a governme	ental unit described in
3		-	-	Complete Part II.)	a conege of universit	ly Owner		alled by a governme	
6					rnmental unit describe	d in sect	tion 170(b)(1)(A)(v).	
7	Х								om the general public
		-		(1)(A)(vi). (Compl		••	0		5
8		1			b)(1)(A)(vi). (Complete	e Part II.)			
9		An agricultura	I research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university o	or a non-land-	grant college of ag	griculture (see instruct	tions). E	nter the i	name, city, and state o	f the college or
		university:							
10		receipts from support from acquired by th	activities rela gross investme organizatio	ited to its exempt f nent income and up n after June 30, 19	unctions - subject to nrelated business tax 975. See section 509	certain e able inco (a)(2). (0	exception ome (less Complete	,	n 331/3% of its
11			•		usively to test for publi	•			
12		-	-		-	-			carry out the purposes
									See section 509(a)(3).
				-				-	nes 12e, 12f, and 12g.
а				-	-			orted organization(s),	
			-				ajority of	the directors or truste	ees of the
h	Г		-		e Part IV, Sections A		with ito	our ported or appizati	op(a) by baying
b								supported organizati s that control or mar	
					, Sections A and C.	the sam	le persor		lage the supported
с	Г	-		-		ated in c	onnectio	n with, and functiona	lly integrated with
Ŭ					is). You must comple				ny mogratoa with,
d			-					ection with its suppor	ted organization(s)
			-			-		oution requirement and	
	_		-		omplete Part IV, Sect			-	
е		Check this b	oox if the orga	anization received	a written determinatio	on from t	he IRS th	hat it is a Type I, Type	II, Type III
					ionally integrated sup	porting o	organizat	ion.	
f									
g			-		orted organization(s).	1			
	(i) N	lame of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization our governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docu	ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	ıl								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 9E1210 1.000

Schedule A (Form 990 or 990-EZ) 2019

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	52,586,744.	39,381,308.	231,926,268.	74,743,895.	169,187,141.	567,825,356.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	52,586,744.	39,381,308.	231,926,268.	74,743,895.	169,187,141.	567,825,356.
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						2,568,261.
6	shown on line 11, column (f). Public support. Subtract line 5 from line 4						
	tion B. Total Support						565,257,095.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	52,586,744.	39,381,308.	231,926,268.	74,743,895.	169,187,141.	567,825,356.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	64,076.	116,018.	214,869.	311,996.	3,098,914.	3,805,873.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	816,926.	920,410.	1,486,680.	1,095,068.	4,319,084.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						575,950,313.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	2,199,115.
13	First five years. If the Form 990 is for organization, check this box and stop here.	<u></u>	<u></u>	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ►
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2019 (lin	ne 6, column (f)	divided by line	11, column (f)).		14	98.14 %
15	Public support percentage from 2018					15	97.49 %
16a	331/3% support test - 2019. If the org	anization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, c	
	box and stop here. The organization qu						
b	331/3% support test - 2018. If the org						
	this box and stop here. The organization			•			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part VI how the organization meets the			-			
	organization						
b	10%-facts-and-circumstances test - 2	-	•				
	15 is 10% or more, and if the orga						•
	Explain in Part VI how the organization				-		
40	supported organization						
18	Private foundation. If the organization						
	instructions						<u> 🟲 🖂</u>

Page 3

Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	tion A. Public Support			-			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
	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						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	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 f	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop here	<u></u>					▶ 📃
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2019 (line 8	, column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2018 Sche	edule A, Part III, lir	ne 15	<u></u>		16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2019 (li	ne 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2018					18	%
19 a	331/3% support tests - 2019. If the o	rganization did r	not check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3%	6, and line
	17 is not more than 331/3%, check the	is box and stor	p here. The org	anization qualifie	s as a publicly	supported organ	ization . 🕨
b	331/3% support tests - 2018. If the org	anization did not	t check a box on	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3%, check	this box and s f	top here. The or	ganization qualifi	es as a publicly	supported organ	ization 🕨 📃
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,			
JSA 9E122	1 1.000				5	Schedule A (Form 9	990 or 990-EZ) 2019

Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** 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.)

	AGA KHAN FOUNDATION U.S.A. 52-123.	1983		_
-	le A (Form 990 or 990-EZ) 2019		I	Page 5
Part	V Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
	on B. Type I Supporting Organizations	1.1.1		
			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? <i>If</i> "Yes," <i>explain in</i> Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	1		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			L
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		-	
				No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 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? <i>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.</i>	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nizations r	nust complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property hold for production of income (and instructions)	6		
maintenance of property held for production of income (see instructions)	7		
7 Other expenses (see instructions)	-		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current 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 emergency temporary reduction (see instructions).	6		

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

Sect	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions		. /	Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exen		ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
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 resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

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Schedule A (Form 990 or 990-EZ) 2019

Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; PartIII, 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

(10111 330, 330-LZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

52-1231983

Name of the organization AGA KHAN FOUNDATION U.S.A.

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 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

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, 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 totaling \$5,000 or more during the year

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Part I

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	UNITED STATES AGENCY FOR INTERNATIONAL D 1300 PENNSYLVANIA AVE, NW WASHINGTON, DC 20523	\$4,301,279.	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
		\$	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 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 Noncash (Complete Part II for noncash contributions.)
JSA 9E1253 1.00	0 7/9/2020 11:21:04 AM V 19-5.28		B (Form 990, 990-EZ, or 990-PF) (2019)

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

Name of organization	AGA	KHAN	FOUNDATION	U.S.A.

Employer identification number 52–1231983

	(c)	
(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given I MV (of estimate) (See instructions.) (b) (c) Description of noncash property given (c) (b) (c) (b) (c) (c) FMV (or estimate) (c) (c) (b) (c) (c) FMV (or estimate) (b) (c) (c) (c)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Pag								
Name of organization AGA KHAN FOUNDATION U.S.A.	Employer identification number							
	52-1231983							
Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or								

	duplicate copies of Part III if addit	ional space is needed.			
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a		Relationship of transferor to transferee		
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
lo. n t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
0. n : I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_ _					
		(e) Transfer of gift			
	Transferee's name, address, a		Relationship of transferor to transferee		

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

SCHEE	DULE D
(Form	990)

Supplemental Financial Statements

(-	the organization answered "Ye				1 <i>2</i> (0) 1
		Part IV, line 6, 7,	8, 9, 10, 11a, 11b, 11c, 11d, 11	1e, 11f, 12a, or 1	2b.		
Depa	artment of the Treasury		Attach to Form 990.				Open to Public
	nal Revenue Service	Go to www.irs.gov	/Form990 for instructions and	the latest inform			Inspection
	e of the organization					ployer identifica	
_	A KHAN FOUNDAT					52-12319	83
Pa		tions Maintaining Donor Adv			Acco	ounts.	
	Complete	e if the organization answered					
			(a) Donor advised fu	nds		b) Funds and	other accounts
1	Total number at e	nd of year					
2	Aggregate value c	of contributions to (during year)					
3	Aggregate value c	of grants from (during year)					
4	Aggregate value a	it end of year					
5	Did the organizati	ion inform all donors and donor	advisors in writing that the	e assets held	in do	nor advised	
	-	nization's property, subject to the	_				Yes No
6	-	on inform all grantees, donors, a		-			
	-	purposes and not for the bene					
	-	issible private benefit?			-		Yes No
Pa		tion Easements.					
		e if the organization answered	"Yes" on Form 990, Part	IV, line 7.			
1	Purpose(s) of con	servation easements held by the	organization (check all that a	apply).			
	Preservatio	n of land for public use (for example	, recreation or education)	Preservation of	of a h	istorically im	portant land area
		of natural habitat	í í 🗖	Preservation of		-	
	Preservatio	n of open space					
2		through 2d if the organization h	eld a qualified conservation	contribution in	the fo	orm of a con	servation
		ast day of the tax year.		[End of the Tax Year
а		onservation easements			2a		
b		tricted by conservation easements			2b		
c		vation easements on a certified			2c		
d		rvation easements included in (c					
u		isted in the National Register			2d		
3		rvation easements modified, tra				by the ora	anization during the
Ũ	tax year ►		horomod, rolodood, oxingula		natou	by the erg	anization during the
4		where property subject to conse	rvation easement is located				
5		ation have a written policy reg				andling of	
5		orcement of the conservation ea				-	
6		hours devoted to monitoring, insp					
U		nours devoted to monitoring, insp	ecting, handling of violations,	and enforcing	CONSE	valion easen	ients during the year
7	Amount of expone	es incurred in monitoring, inspec	ting handling of violations o	nd enforcing or	neor	vation assor	onte during the year
'	►\$	so meanea in monitoring, inspec	mg, nanumg of violations, al		11361	auoneasell	ionio during the year
0		vation easement reported on line 2	2(d) above enticity the require	monte of coatie	on 17(
8)(4)(B)(ii)?					Yes No
9		be how the organization reports					
9		d include, if applicable, the text of					
		ounting for conservation easeme			ai sia		describes the
Pa		tions Maintaining Collections		ires or Other	Sim	ilar Assets	
		e if the organization answered			Unit	nui Abbelb	•
4 ::			,				
1a	of art, historical t service, provide in	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ts held for public exhibition to its financial statements the	n, education, at describes th	e stat or re lese it	search in fu search in fu ems.	irtherance of public
b	If the organization	n elected, as permitted under Fa	ASB ASC 958, to report in	its revenue st	atem	ent and bala	ance sheet works o
		sures, or other similar assets he		ication, or rese	earch	in furtheran	ce of public service
		ing amounts relating to these iter				L .	
		ded on Form 990, Part VIII, line 1					
		d in Form 990, Part X					
2	It the organizatio	n received or held works of a	rt historical trassures or (other similar a	ecoto	tor financi	al agin provide the

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: . included on È. orm 990 Part VIII lir

or l	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Scl	hedule D (Form 990) 2019
b	Assets included in Form 990, Part X	▶ 9	6
а	Revenue included on Form 990, Part VIII, line 1.	▶ §	§

OMB No. 1545-0047 \sim

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Caba			LOONDAT	101 0.1	J.A.					JZ 12.	11000	_	
	dule D (Form 990) 2019 Tt III Organizations Maintaini		otiona of	Art Llio	torical Tr	00011800		Othor	Similar	Noosto (/	ontinu		Page 2
Ра 3	Using the organization's acquisitio												f ito
3	collection items (check all that appl		SIUTI, attu u		orus, criec	k ally 0	i the	TOHOW	ing mar i	liake siyi		126 0	1 115
а	Public exhibition	y).		d	Loan	or excha	anao	program	m				
	Scholarly research			e	Other		•						
b	Preservation for future gener	ations		e									
с 4	Provide a description of the organ		collections	and ov	alain how	thoy fur	thor	the or	anization	's oxomn	touroos	o in	Dart
4	XIII.	IIZations	CONECTIONS	s and exp	plain now	iney fui	lilei	the or	yanization	s exemp	i puipos		Fall
5	During the year, did the organizatio	n colicit c		donationa	of ort hist	origal tr	0001		othor cimi	or			
J	assets to be sold to raise funds rath									_	Yes		No
Da	rt IV Escrow and Custodial A			aineu as		organiza	ation	5 COllet			165		
Гa	Complete if the organiza			es" on Fr	مrm ۵۵۸ ا	Part IV	lina	9 or r	enorted a	n amour	nt on Ec	rm	
	990, Part X, line 21.		wordd re	.5 01110	5111 550, 1	arriv,	mic	5, 01 1	cponed a			,,,,,,	
1a	Is the organization an agent, truste		lian or oth	er interm	ediary for a	ontribut	ions	or othe	r assets nr	nt			
īα	included on Form 990, Part X?										Yes		No
h	If "Yes," explain the arrangement in	Part XII	l and com	nlete the	following ta	hle [.]			• • • • •	• • • • L			JIIO
Ň					ionowing ta	510.				Amount			
с	Beginning balance						1c			741104110			
	Additions during the year						1d						
	Distributions during the year						1e						
f	Ending balance						1f						
-	Did the organization include an am							stodial	account lia	ability?	Yes		No
	If "Yes," explain the arrangement in												
	rt V Endowment Funds.				oxplailation	11100 00		ovided				•	<u></u>
ı a	Complete if the organiza	tion ans	wered "Ye	es" on Fo	orm 990.	Part IV.	line	10.					
			rent year		rior year	(c) Two			(d) Three y	ears back	(e) Four	vears l	back
10	Paginning of year balance	(1)					-		(1)		(-)	,	
	Beginning of year balance												
	Contributions												
С	Net investment earnings, gains,												
h	and losses												
	Grants or scholarships												
е	Other expenditures for facilities												
f	Administrative expenses												
	End of year balance												
2 2	Provide the estimated percentage			and halar	nce (line 1a	column	(2))	hald as					
a	Board designated or quasi-endowm		irent year	%	ice (inte Tg	, column	(a))		•				
b	Permanent endowment	%											
с	Term endowment	%											
	The percentages on lines 2a, 2b, a	nd 2c sho	ould equal	100%.									
3a	Are there endowment funds not in t				zation that	are held	d and	d admir	nistered for	the			
	organization by:	-		-							· · · · · · · · · · · · · · · · · · ·	Yes	No
	(i) Unrelated organizations										3a(i)		
	(ii) Related organizations										3a(ii)		
b	If "Yes" on line 3a(ii), are the relate										3b		
4	Describe in Part XIII the intended u	ses of th	e organiza	ition's end	dowment fu	nds.					·		
Ра	rt VI Land, Buildings, and Equ	ipment.					P			000 D			
	Complete if the organiza	ation ans				or other ba							<u>.</u>
	Description of property		(a) Cost or (inves	tment)	(0	other)			cumulated eciation	(0	I) Book va		
1a	Land	[71,4	430,86	58.				71,43	30,8	68.
b	Buildings	[987,01		24,4	05,887.		21,58		
С	Leasehold improvements	[12,1	106,20	8.				12,10)6,2	08.
d	Equipment	[
e	Other					440,06						10,0	
Tota	I. Add lines 1a through 1e. (Column	(d) must	equal For	n 990, Pa	art X, colum	n (B), lin	ne 10	c.)			105,55	58,2	73.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Page 3 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) CSV OF LIFE INSURANCE POLICIES 27,062,509 FMV (B) 10, 504 SHS EQUITY INVESTMENTS 3,145,615. FMV (C) (D) (E) (F) (G) (H) 30,208,124. Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes DEFERRED RENT 110,672. (2) (3) PROPERTY TAXES ACCRUAL 882,714. AMOUNTS HELD FOR OTHERS 1,000,000 (4) (5)(6)(7)(8) (9) 1,993,386. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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Schedu	le D (Form 990) 2019		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	'n.	
1	Total revenue, gains, and other support per audited financial statements	1	174,941,890.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	·	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	•	
е	Add lines 2a through 2d	2e	1,444,715.
3	Subtract line 2e from line 1	3	173,497,175.
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		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	173,497,175.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
	• •		86,547,223.
1	Total expenses and losses per audited financial statements	1	00,547,225.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments	-	
С	Other losses 2c Other (Describe in Part XIII.) 2d 1,195,334	-	
d		-	1 105 224
е	Add lines 2a through 2d	2e	1,195,334.
3	Subtract line 2e from line 1	3	85,351,889.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)	_	
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	85,351,889.
	XIII Supplemental Information.		
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

SEE PAGE 5

PART X, LINE 2:

Part XIII Supplemental Information (continued)

MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2016.

PART XI, LINE 2D:

OTHER AMOUNTS INCLUDED IN FINANCIALS NOT IN THE RETURN: EXCESS OF FUNDRAISING EVENT REVENUE OVER EXPENSE \$1,195,334.

PART XII, LINE 2D:

OTHER AMOUNTS INCLUDED IN FINANCIALS NOT IN THE RETURN: EXCESS OF FUNDRAISING EVENT REVENUE OVER EXPENSE \$1,195,334.

SCHEDULE F	Statement of Activities Outside the United St	ates 📙	OMB No. 1545-0047	
(Form 990)	► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1 ► Attach to Form 990.	2019		
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection	
Name of the organization			ntification number	
AGA KHAN FOUNDAT	52-123	52-1231983		
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	organizatio	on answered "Yes" on	
	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to		

- 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.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE	0.	0.	GRANTMAKING	MULTI SECTOR - SEE V	46,148,805.
(0)					
(2) NORTH AMERICA	0.	0.	GRANTMAKING	MULTI SECTOR - SEE V	3,226,795.
(3) RUSSIA/INDEPENDENT STATES	0.	0.	GRANTMAKING	MULTI SECTOR - SEE V	11,062,676.
(4) SOUTH ASIA	0.	0.	GRANTMAKING	MULTI SECTOR - SEE V	6,146,733.
(5) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING	MULTI SECTOR - SEE V	2,910,741.
(6) SOUTH ASIA	0.	0.	INVESTMENTS		3,145,615.
(7)					
(8)					
(9)					
<u>(10)</u>					
<u>(11)</u>					
<u>(12)</u>					
<u>(13)</u>					
<u>(14)</u>					
<u>(15)</u>					
<u>(</u> 16)					
(17)					
3a Subtotal b Total from continuation					72,641,365.
sheets to Part I					
c Totals (add lines 3a and 3b)					72,641,365.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 9E1274 1.000

AGA KHAN FOUNDATION U.S.A. Schedule F (Form 990) 2019

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Fo								Form 990,	
	Part IV, line 15, for any re	cipient who recei	ved more than \$5,000. F	Part II can be o	duplicated if addition	onal space is	needed.		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	SEE PART V	135,860.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	SEE PART V	5,680,524.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	SEE PART V	40,096,306.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	SEE PART V	166,000.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	SEE PART V	249,517.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	SEE PART V	89,098.	WIRE			
(7)			NORTH AMERICA	SEE PART V	88,137.	WIRE			
(8)			NORTH AMERICA	SEE PART V	1,875,000.	WIRE			
(9)			NORTH AMERICA	SEE PART V	1,892,252.	WIRE			
(10)			NORTH AMERICA	SEE PART V	20,000.	WIRE			
(11)			NORTH AMERICA	SEE PART V	877,257.	WIRE			
(12)			NORTH AMERICA	SEE PART V	239,429.	WIRE			
(13)			NORTH AMERICA	SEE PART V	60,825.	WIRE			
(14)			NORTH AMERICA	SEE PART V	4,503,443.	WIRE			
(15)			NORTH AMERICA	SEE PART V	49,811.	WIRE			
(16)			NORTH AMERICA	SEE PART V	191,571.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019

Page 2

AGA KHAN FOUNDATION U.S.A. Schedule F (Form 990) 2019

	Part IV, line 15, for a				•			(1) D	
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
(1)			RUSSIA/NEWLY IND. STATES	SEE PART V	338,389.	WIRE			
(2)			RUSSIA/NEWLY IND. STATES	SEE PART V	79,218.	WIRE			
(3)			RUSSIA/NEWLY IND. STATES	SEE PART V	105,036.	WIRE			
(4)			RUSSIA/NEWLY IND. STATES	SEE PART V	919,947.	WIRE			
(5)			RUSSIA/NEWLY IND. STATES	SEE PART V	6,811,700.	WIRE			
(6)			RUSSIA/NEWLY IND. STATES	SEE PART V	2,164,500.	WIRE			
(7)			RUSSIA/NEWLY IND. STATES	SEE PART V	270,501.	WIRE			
(8)			RUSSIA/NEWLY IND. STATES	SEE PART V	34,137.	WIRE			
(9)			RUSSIA/NEWLY IND. STATES	SEE PART V	91,270.	WIRE			
(10)			RUSSIA/NEWLY IND. STATES	SEE PART V	15,771.	WIRE			
(11)			RUSSIA/NEWLY IND. STATES	SEE PART V	232,207.	WIRE			
(12)			SOUTH ASIA	SEE PART V	98,468.	WIRE			
(13)			SOUTH ASIA	SEE PART V	670,251.	WIRE			
(14)			SOUTH ASIA	SEE PART V	2,993,661.	WIRE			
(15)			SOUTH ASIA	SEE PART V	543,480.	WIRE			
(16)			SOUTH ASIA		95,651.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019

Page 2

AGA KHAN FOUNDATION U.S.A. Schedule F (Form 990) 2019

4	(a) Name of	(b) IRS code	(c) Region). Part II can be of (d) Purpose of	(e) Amount of	(f) Manner of		(b) Departmention	(i) Method of
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(C) Region	grant	cash grant	disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(I) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	SEE PART V	332,351.	WIRE			
(2)			SOUTH ASIA	SEE PART V	942,648.	WIRE			
(3)			SOUTH ASIA	SEE PART V	480,426.	WIRE			
(4)			SUB-SAHARAN AFRICA	SEE PART V	528,263.	WIRE			
(5)			SUB-SAHARAN AFRICA	SEE PART V	361,991.	WIRE			
(6)			SUB-SAHARAN AFRICA	SEE PART V	33,090.	WIRE			
(7)			SUB-SAHARAN AFRICA	SEE PART V	539,705.	WIRE			
(8)			SUB-SAHARAN AFRICA	SEE PART V	191,813.	WIRE			
(9)			SUB-SAHARAN AFRICA	SEE PART V	84,794.	WIRE			
(10)			SUB-SAHARAN AFRICA	SEE PART V	117,112.	WIRE			
(11)			SUB-SAHARAN AFRICA	SEE PART V	951,420.	WIRE			
(12)			SUB-SAHARAN AFRICA	SEE PART V	100,000.	WIRE			
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019

Page 2

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44.

(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)							
0)							
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Schedule F (Form 990) 2019

Part III

Page 3

Sched	ule F (Form 990) 2019	Page 4
Part	IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see 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)	No 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)	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)	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) Yes	X No

Schedule F (Form 990) 2019

Part V

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

PART I, LINE 2:

AKF U.S.A. HAS THE FOLLOWING PROCEDURES IN PLACE FOR MONITORING THE USE

OF GRANT FUNDS OUTSIDE THE UNITED STATES:

- GRANT AGREEMENTS AND MEMORANDUMS OF UNDERSTANDING ARE SIGNED WITH ALL

IMPLEMENTING PARTNERS IN THE FIELD OUTLINING THEIR OBLIGATIONS AND

RESPONSIBILITIES VIS-A-VIS USE OF GRANTED U.S. GOVERNMENT AND/OR PRIVATE

FOUNDATION FUNDS;

- IMPLEMENTING PARTNERS SUBMIT AT A MINIMUM, QUARTERLY FINANCIAL AND NARRATIVE REPORTS. THESE REPORTS ARE ANALYZED AT THE AKF U.S.A. OFFICE FOR INTERNAL DISCREPANCIES AND FOR ANY DISALLOWABLE SPENDING OR

ACTIVITIES;

- RESPONSIBLE OFFICERS FROM AKF U.S.A. VISIT IMPLEMENTING PARTNERS IN THE FIELD TO ENGAGE ON GRANT COMPLIANCE. THE FREQUENCY OR TIMING OF THESE VISITS IS DETERMINED BY THE NATURE OF A PARTICULAR GRANT AND THE INTERNAL MONITORING CAPACITIES OF A PARTICULAR IMPLEMENTING PARTNER.

PART I, LINE 3 AND PART II, LINE 1: EXPLANATION: METHOD USED TO ACCOUNT FOR EXPENDITURES IS ACCRUAL BASIS.

PART II, COLUMM (D)

FUNDING FOR PROGRAMS IN HEALTH, EDUCATION, RURAL DEVELOPMENT, CIVIL SOCIETY STRENGTHENING AND THE ENVIRONMENT.

Page 5

SCHED	OULE G	Supplemental	Information Re	garding	Fundra	ising or Gamir	ng Activities	OMB No. 1545-0047
(Form 990 or 990-EZ) 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.							9, or if the	2019
	ent of the Treasury evenue Service		► Attach Go to www.irs.gov/Form) or Form 99 ructions and			Open to Public Inspection
_	he organization						Employer identificati	
AGA K	HAN FOUNDA'	TION U.S.A.					52-1231983	
Part I		e Activities. Com EZ filers are not re				Yes" on Form 99	90, Part IV, line 1	7.
1 Ir		the organization rai	•			activities. Check a	all that apply.	
a	Mail solicita	•	e		•	non-government g		
b	Internet and	l email solicitations	f			government grant		
с	Phone solic	itations	g			ising events		
d	In-person se	olicitations	-			-		
o b lf	r key employee "Yes," list the	tion have a written o es listed in Form 990 10 highest paid ind least \$5,000 by the), Part VII) or entity ividuals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and add or entity (fu		(ii) Activity	custody of	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
				Yes	No		col. (i)	
1				105				
2								
3								
4								
5								
6								
7								
8								
9								
10								
		which the organiza censing.			to solicit	contributions or	has been notifiec	I it is exempt from

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 9E1281 1.000

a	rt II Fundraising Events. Complete more than \$15,000 of fundrate events with gross receipts gree	aising event contribut			
		(a) Event #1 AFK WALKS	(b) Event #2 AFK GOLF	(c) Other events	(d) Total events (add col. (a) through
e		(event type)	(event type)	(total number)	col. (c))
Kevenue	1 Gross receipts	4,875,874.	317,836.	8,598,147.	13,791,857
צ	2 Less: Contributions	3,128,972.	141,836.	8,230,647.	11,501,455
	3 Gross income (line 1 minus line 2)	1,746,902.	176,000.	367,500.	2,290,402
	4 Cash prizes			0.	
	5 Noncash prizes			0.	
2020	6 Rent/facility costs		40,750.	0.	211,165
222	7 Food and beverages	40,916.	1,000.	0.	41,916
Direct Expenses	8 Entertainment	22,692.	850.	0.	23,542
	9 Other direct expenses10 Direct expense summary. Add lin	262,401. es 4 through 9 in colu	ımn (d)	632,291.	1,195,334
Pa		es 4 through 9 in colu ne 10 from line 3, colu anization answered "	umn (d)	.	1,195,334 1,095,068 reported more than
a	 10 Direct expense summary. Add lin 11 Net income summary. Subtract li rt III Gaming. Complete if the org 	es 4 through 9 in colu ne 10 from line 3, colu anization answered "	umn (d)	.	1,195,334 1,095,068 reported more that (d) Total gaming (add
Pa	 10 Direct expense summary. Add lin 11 Net income summary. Subtract li rt III Gaming. Complete if the org 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a.	ımn (d) umn (d) Yes" on Form 990, F (b) Pull tabs/instant	Part IV, line 19, or	1,195,334 1,095,068 reported more than (d) Total gaming (add
a	 10 Direct expense summary. Add lin 11 Net income summary. Subtract li rt III Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a. (a) Bingo	ımn (d) umn (d) Yes" on Form 990, F (b) Pull tabs/instant	Part IV, line 19, or	1,195,334 1,095,068 reported more than (d) Total gaming (add
	 10 Direct expense summary. Add lin 11 Net income summary. Subtract li rt III Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 1 Gross revenue 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a. (a) Bingo	umn (d) umn (d) Yes" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or	1,195,334 1,095,068 reported more thar (d) Total gaming (add
	 10 Direct expense summary. Add lin 11 Net income summary. Subtract li 1 Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a. (a) Bingo	Imn (d) Imn (d) Yes" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or	1,195,334 1,095,068 reported more than (d) Total gaming (add
a	 10 Direct expense summary. Add lin 11 Net income summary. Subtract li 1 Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a. (a) Bingo	Imn (d) Imn (d) Yes" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or	1,195,334 1,095,068 reported more than (d) Total gaming (add
	 10 Direct expense summary. Add lin 11 Net income summary. Subtract li 1 Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 3 Noncash prizes 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a. (a) Bingo	Imn (d) Imn (d) Yes" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or (c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	 10 Direct expense summary. Add lin 11 Net income summary. Subtract li 1 Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a. (a) Bingo	Imn (d) umn (d) Yes" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or (c) Other gaming	1,195,334 1,095,068 reported more thar (d) Total gaming (add col. (a) through col. (c))
	 10 Direct expense summary. Add lin 11 Net income summary. Subtract li 1 Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a. (a) Bingo (a) Bingo Yes % No es 2 through 5 in colu	Imn (d) umn (d) Yes" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo (b) Pull tabs/instant bingo/progressive bingo (b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or (c) Other gaming	1,195,334 1,095,068 reported more than (d) Total gaming (add col. (a) through col. (c))

Schedule G (Form 990 or 990-EZ) 2019

Sched	lule G (Form 990 or 990-EZ) 2019 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility 13a %
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
	amount of gaming revenue retained by the third party \blacktriangleright
C	
	Name ►
	Address ►
16	Gaming manager information:
	Name
	Gaming manager compensation ► \$
	Description of services provided ►
	Director/officer Employee Independent contractor
17	Mandatory distributions:
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to
u	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
5	or spent in the organization's own exempt activities during the tax year \triangleright \$
Par	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE I (Form 990)				Assistance t Idividuals in	•	•		омв No. 1545-0047 20 19
	Comp	lete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury				tach to Form 990	-			Open to Public
Internal Revenue Service		► Go t	o www.irs.gov/	Form990 for the l	atest informatior).		Inspection
Name of the organization	TTON IL C A						Employer identificati	
AGA KHAN FOUNDA	nformation on Grants and	Assistance	<u> </u>				52-123196	
	ation maintain records to su			arante or accieta	aco the grantoos	' oligibility for the grant	s or assistance, and	
-	eria used to award the grants			-	-			X Yes No
	IV the organization's proced							
	d Other Assistance to De		<u> </u>	5		plete if the organiz	ation answered "Y	es" on Form 990.
	ne 21, for any recipient th	-				• •		
1 (a) Name and	address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HH PRINCE AGA KHA	N SHIA IMAMI ISMAILI COUNC							
1700 FIRST COLONY	SUGARLAND, TX 77479	06-1204397		877,257.				INSTITUTIONAL SUPPOR
(2)		-						
(3)		_						
(4)		_						
(5)		-						
(6)		-						
(7)								
(8)								
(9)								
(10)		-						
(11)		-						
(12)		-						
3 Enter total numb	er of section 501(c)(3) and g er of other organizations list on Act Notice, see the Instruction	ed in the line	1 table				<u></u>	1

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) True of error to service a service and the service and t

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FELLOWSHIP PROGRAM	2.	49,811.			
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information.	information re	equired in Part I,	line 2, Part III, o	column (b); and any c	ther additional

PART I, LINE 2:

DESCRIPTION OF PROCEDURE FOR MONITORING USE OF FUNDS: AKF U.S.A. HAS IN

PLACE THE FOLLOWING PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN

THE UNITED STATES: - GRANT AGREEMENTS ARE SIGNED WITH ALL IMPLEMENTING

PARTNERS IN THE FIELD OUTLINING THEIR RESPONSIBILITIES AND OBLIGATIONS. -

IMPLEMENTING PARTNERS SUBMIT, AT A MINIMUM QUARTERLY FINANCIAL AND

NARRATIVE REPORTS. THESE REPORTS ARE ANALYZED AT THE AKF U.S.A. OFFICE

FOR INTERNAL DISCREPANCIES AND FOR ANY DISALLOWABLE SPENDING OR

ACTIVITIES.

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
3					
4					
5					
3					
7					
Part IV Supplemental Information. Provide information.	the information re	equired in Part I,	line 2, Part III, o	column (b); and any c	other additional

PART II, LINE 1, COLUMN (H):

INSTITUTIONAL SUPPORT - QUALITY OF LIFE

SCH	EDULE J	Compen	sation Information		OMB No.	1545-0	047
(Fori	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		എത	10	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line 2	23	ZU	13	
Departn	nent of the Treasury	· · · · •	Attach to Form 990.		Open to		
	Revenue Service	Go to www.irs.gov/Forms	990 for instructions and the latest information.			ectio	n
	of the organization			Employer identification		er	
		DATION U.S.A.		52-123198	3		
Part	Question	s Regarding Compensation				Yes	Na
1a	Check the an	propriate box(es) if the organization pro	ovided any of the following to or for a pers	on listed on Form	n 🗆	res	No
ia			provide any relevant information regarding				
		ss or charter travel	Housing allowance or residence for	•			
		or companions	Payments for business use of perso	•			
		emnification and gross-up payments	Health or social club dues or initiation				
		onary spending account	Personal services (such as maid, ch				
b	If any of the	boxes on line 1a are checked, did the exempt or provision of all of the ex	ne organization follow a written policy re openses described above? If "No," com	egarding paymen	t		
	explain		· · · · · · · · · · · · · · · · · · · ·		1b		
2	Did the orga	anization require substantiation prior	to reimbursing or allowing expenses	incurred by a			
	directors, trus	stees, and officers, including the CEC	D/Executive Director, regarding the items	checked on line	e		
	1a?				2		
3			on used to establish the compensation of				
			at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P				
	<u> </u>	•		art III.			
	· ·	nsation committee dent compensation consultant	X Written employment contract Compensation survey or study				
		00 of other organizations	X Approval by the board or compensation	ation committee			
		-					
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а			ayment?		4a		X
b	Participate in	, or receive payment from, a suppleme	ental nonqualified retirement plan?		4b		Х
С	Participate in	, or receive payment from, an equity-ba	ased compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	em in Part III.			
_	-		rganizations must complete lines 5-9.				
5	•		ion A, line 1a, did the organization pa	ly or accrue any	y		
-	-	n contingent on the revenues of:			- Fo		x
a b					5a 5b		X
U		e 5a or 5b, describe in Part III.			50		
6			ion A, line 1a, did the organization pa	iv or accrue and			
-	•	n contingent on the net earnings of:	,,gaa.lon pe	,	,		
а	-				6a		X
b					6b		Х
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7	For persons	listed on Form 990, Part VII, Sectio	on A, line 1a, did the organization prov	ride any nonfixed	3		
			escribe in Part III		7		X
8	-	-	paid or accrued pursuant to a contract that				
		-	Regulations section 53.4958-4(a)(3)? If				
c					8		X
9			low the rebuttable presumption proced				
	Regulations S	ection 53.4956-6(C)?			9		

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ALEEM WALJI	(i)	366,272.	0.	0.	29,302.	28,020.	423,594.	0
1 ^{CHIEF EXECUTIVE OFFICER}	(ii)	0.	0.	0.	0.	0.	0.	0
ELIZABETH GRANT	(i)	159,083.	0.	0.	12,727.	12,170.	183,980.	0
2DIRECTOR OF PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0
KARIM MERCHANT	(i)	161,861.	0.	0.	12,949.	12,382.	187,192.	0
DIRECTOR OF DVLP & VOL. ENGMT	(ii)	0.	0.	0.	0.	0.	0.	0
NAZLIN PEPERMINTWALA	(i)	140,139.	0.	0.	11,211.	10,721.	162,071.	0.
ASSOCIATE DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

20**19** Open to Public Inspection

Name of the organization

AGA KHAN FOUNDATION U.S.A.

Employer identification num	ıber
52-1231983	

Par	I I I I I I I I I I I I I I I I I I I							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(c Method of c noncash contril	determi		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
-	goods							
6	Cars and other vehicles							-
7	Boats and planes							-
8	Intellectual property							
9	Securities - Publicly traded			5,432,561.	FAIR MARKE	T VA	LUE	2
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
••	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
••	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial			281,400.	FAIR MARKE	T VA	LUE	2
17	Real estate - Other							
18	Collectibles							
19	Food inventory			112,673.	FAIR MARKE	T VA	LUE	2
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other \blacktriangleright (
26	Other ►() Other ►()							
27	Other ()							
28	Other ►() Other ►()							
			anization during the tax v	ear for contributions for				
23	which the organization completed F				29			
	which the organization completed i	0111 0200,	rait iv, Donee Acknowledg		[]	Y	'es	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I line	s 1 through	-		
oou	28, that it must hold for at least th				-			
	to be used for exempt purposes for	•				80a		Х
h	If "Yes," describe the arrangement i					, ou		
31	Does the organization have a		ance policy that require	as the review of any	nonstandard			
51	-			-		31		Х
22-	contributions? Does the organization hire or use						-+	
JZa			•			32a		Х
L	contributions? If "Yes," describe in Part II.					72a		
	If the organization didn't report an	amount in a	olumn (c) for a type of pro	party for which column (a)				
33	describe in Part II.		orumni (c) for a type of pro	perty for which column (a,	is checked,			

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

JSA 9E1298 1.000

52-1231983

Page 2

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

PART I, COLUMN B:

THE NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED IN COLUMN (B) IS

REPORTED AS THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.



 Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

 Name of the organization
 Employer ide

 AGA KHAN FOUNDATION U.S.A.
 52-123

Employer identification number

FORM 990, PART I, LINE 1, AND PART III, LINE 1: THE AGA KHAN FOUNDATION U.S.A. IS A PUBLIC, NON-DENOMINATIONAL, PHILANTHROPIC ORGANIZATION ESTABLISHED BY HIS HIGHNESS THE AGA KHAN. IT SEEKS TO PROMOTE SOCIAL DEVELOPMENT, PRIMARILY IN LOW INCOME COUNTRIES OF ASIA & AFRICA BY FUNDING PROGRAMS IN HEALTH, EDUCATION, RURAL DEVELOPMENT, CIVIL SOCIETY STRENGTHENING, AND THE ENVIRONMENT.

FORM 990, PART III, LINE 4D:

IN 2019, AKF U.S.A. ACTIVE GRANTS SUPPORTED INTERVENTIONS IN AFGHANISTAN, KENYA, MALI, MOZAMBIQUE, PAKISTAN, TANZANIA, AND TAJIKISTAN. THE DIVERSE PROGRAM PORTFOLIO INCORPORATES MULTI-SECTOR PROGRAMS SUCH AS THE MALI, TAJIKISTAN, AND AFGHANISTAN AREA DEVELOPMENT PROGRAMS, AS WELL AS THE SECTOR SPECIFIC INTERVENTIONS IN EDUCATION, HEALTH, RURAL DEVELOPMENT AND CIVIL SOCIETY. AKF U.S.A. ACTIVELY SUPPORTS HUMAN RESOURCE DEVELOPMENT THROUGH THE INTERN AND SCHOLARSHIP PROGRAMS.

EXPENSES \$34,839,802. INCLUDING GRANTS OF \$30,419,032. REVENUE \$179,043.

FORM 990, PART VI, SECTION A, LINE 2:

HIS HIGHNESS SHAH KARIM AL-HUSSEINI AGA KHAN AND PRINCE AMYN AGA KHAN ARE BROTHERS. PRINCESS ZAHRA AND PRINCE RAHIM ARE ADULT CHILDREN OF HIS HIGHNESS.

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT FORM 990 IS PROVIDED TO AKF USA'S SENIOR MANAGEMENT AND FINANCE COMMITTEE FOR THEIR REVIEW AND COMMENT. ONCE COMPLETED, A COPY OF THE FORM 990 IS SUBMITTED TO AKF USA'S BOARD OF DIRECTORS AND NATIONAL COMMITTEE PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD, THE NATIONAL COMMITTEE AND MANAGEMENT HAVE THE RESPONSIBILITY OF ADMINISTERING THE AFFAIRS OF AKF U.S.A. HONESTLY AND PRUDENTLY, AND OF EXERCISING THEIR BEST CARE, SKILL AND JUDGEMENT FOR THE SOLE BENEFIT OF AKF U.S.A. THOSE PERSONS SHALL EXERCISE THE UTMOST GOOD FAITH IN ALL TRANSACTIONS INVOLVED IN THEIR DUTIES, AND THEY SHALL NOT USE THEIR POSITIONS WITH AKF U.S.A. OR KNOWLEDGE GAINED THERE FOR THEIR PERSONAL BENEFIT. THIS STATEMENT IS DIRECTED NOT ONLY TO DIRECTORS AND OFFICERS, BUT TO ALL EMPLOYEES WHO CAN INFLUENCE THE ACTION OF AKF U.S.A. TRANSACTIONS BETWEEN THE AKF U.S.A. AND VENDORS ARE REGULARLY REVIEWED BY THE CEO AND CFO TO VERIFY THAT NO CONFLICT OF INTEREST HAS TAKEN PLACE INVOLVING ANY OF THE ABOVE MENTIONED PERSONS AND AKF U.S.A. VENDORS. IF A CONFLICT OF INTEREST SHOULD ARISE, THE NATIONAL COMMITTEE WILL DETERMINE WHETHER THE TRANSACTION IS IN THE BEST INTEREST OF AKF U.S.A. THE NATIONAL COMMITTEE SHALL HAVE THE SOLE DISCRETION TO TAKE ACTION AND ADMINISTER THE APPROPRIATE RESOLUTION SHOULD THE TRANSACTIONS BE DEEMED NOT IN THE BEST INTEREST OF AKF U.S.A.

FORM 990, PART VI, SECTION B, LINE 15:

15A - THE COMPENSATION OF THE CEO IS DETERMINED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF THE AGA KHAN FOUNDATION. THE HUMAN RESOURCES COMMITTEE REVIEWS THE REQUEST FOR INCREASE AS PART OF THE ANNUAL BUDGET SUBMITTED FOR DELIBERATION TO THE BOARD OF THE AGA KHAN FOUNDATION. THE

Schedule O (Form 990 or 990-EZ) 2019				
Name of the organization	Employer identification number			
AGA KHAN FOUNDATION U.S.A.	52-1231983			

AKF U.S.A. CEO'S COMPENSATION IS COMPARED TO THE COMPENSATION OF THE FELLOW CEO'S EMPLOYED THROUGHOUT THE AGA KHAN DEVELOPMENT NETWORK AND IS APPROVED SUBSEQUENTLY BY THE AKF BOARD. THE APPROVAL IS COMMUNICATED TO THE ASSOCIATE DIRECTOR OF FINANCE THROUGH THE CHAIRMAN OF THE NATIONAL COMMITTEE, WHO THEN INITIATES PAYMENT OF THE COMPENSATION. THERE IS NO COMPENSATION TO THE BOARD MEMBERS AND NATIONAL COMMITTEE OF AKF U.S.A.

15B - KEY EMPLOYEE'S SALARY IS DETERMINED BY THE CEO AND IS SUBMITTED TO THE AKF BOARD AS PART OF THE ANNUAL BUDGET OF AKF USA. THE LEVEL OF COMPENSATION IS DETERMINED BY THE CEO FROM THE SALARY SURVEYS OF THE WASHINGTON D.C. AREA FOR SIMILAR POSITIONS AND MARKET PRESSURES. THE AKF BOARD APPROVES THE LEVEL OF COMPENSATION FOR EACH EMPLOYEE, INCLUDING KEY EMPLOYEES. THE APPROVAL IS COMMUNICATED TO THE CEO WHO NOTIFIES THE ASSOCIATE DIRECTOR OF FINANCE TO INITIATE PAYMENT OF THE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE AUDITED FINANCIAL STATEMENTS AND FORM 990 TAX RETURNS ARE AVAILABLE TO THE PUBLIC AND ARE POSTED ON AKF USA'S WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC AND CAN BE OBTAINED BY EMAILING A REQUEST TO INFO.AKFUSA@AKDN.ORG

FORM 990, PART XII, LINE 2C: THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS.

Schedule O (Form 990 or 990-EZ) 2019						
Name	of the org	anization				
AGA	KHAN	FOUNDATION	U.S.A			

Employer identification number 52–1231983

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

AKHS SEHATMANDI PROGRAM IN AFGHANISTAN: THROUGH THE SEHATMANDI PROJECT, AGA KHAN HEALTH SERVICES, WITH SUPPORT FROM THE AGA KHAN FOUNDATION, MANAGES OVER 1,015 VILLAGE HEALTH POSTS, 158 BASIC AND PRIMARY HEALTH CENTERS, 24 COMPREHENSIVE HEALTH CENTERS, FIVE DISTRICT HOSPITALS, AND TWO ISO-CERTIFIED PROVINCIAL HOSPITALS AND IS THE SOLE PROVIDER OF THE GOVERNMENT OF AFGHANISTAN'S BASIC PACKAGE OF HEALTH SERVICES (BPHS) AND ESSENTIAL PACKAGE OF HEALTH SERVICES (EPHS) IN BADAKHSHAN AND BAMYAN PROVINCES THROUGH JUNE 2021. SEHATMANDI SEEKS TO INCREASE THE UTILIZATION AND QUALITY OF HEALTH, NUTRITION, AND FAMILY PLANNING SERVICES IN AFGHANISTAN AND AIMS TO REACH 1.5 MILLION PEOPLE IN BADAKHSHAN AND BAMYAN OVER THREE YEARS.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

THRIVE TAJIKISTAN PROJECT: THRIVE TAJIKISTAN AIMS TO ENHANCE INTEGRATED SOCIO-ECONOMIC DEVELOPMENT FOR MEN, WOMEN, BOYS, AND GIRLS IN KHATLON OBLAST AND GBAO REGIONS IN TAJIKISTAN. TO ACHIEVE THIS GOAL, THRIVE ENSURES LOCAL GOVERNANCE INSTITUTIONS DEPLOY RESOURCES AND SOCIAL SERVICES EFFECTIVELY THROUGH: IMPROVED MANAGEMENT OF RESOURCES AND SOCIAL SERVICES BY LOCAL GOVERNANCE INSTITUTIONS AND INCREASED ACCESS AND USE OF QUALITY SOCIAL SERVICES BY MEN, WOMEN, BOYS AND GIRLS IN TARGETED COMMUNITIES. AKF ALSO ENSURES IMPROVED PERFORMANCE OF TARGETED SMALLHOLDER

Schedule O (Form 990 or 990-EZ) 2019		Page 2
Name of the organization	Employer identification number	
AGA KHAN FOUNDATION U.S.A.	52-1231983	

ATTACHMENT 2 (CONT'D)

FARMERS AND ENTREPRENEURS THROUGH: INCREASED ACCESS FOR TARGETED

ENTREPRENEURS TO GROWTH-ORIENTED FINANCIAL AND TECHNICAL

ASSISTANCE SERVICES AND INCREASED ACCESS AND USE BY SMALLHOLDER

FARMERS TO AGRICULTURAL TECHNICAL ASSISTANCE AND PRODUCTIVE

ASSETS.

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
BDO USA, LLP 770 KENMOOR SE SULTE 300	AUDIT FEES	132,703.

770 KENMOOR SE, SUITE 300 GRAND RAPIDS, MI 49546

OMB No. 1545-0047

Open to Public

Inspection

9

2

Employer identification number

52-1231983

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

AGA KHAN FOUNDATION U.S.A.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

		-			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	rolled
						Yes	No
(1) AGA KHAN FOUNDATION GENEVA 1-3 AVENUE DE LA PAIX GENEVA, SZ 1211	SEE PART VII	SZ	SEE VII	SEE VII	N/A		x
(2)							
(3)	-						
(4)	-						
(5)	-						
(6)	_						
(7)	_						

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

Schedule R (Form 990) 2019

JSA

Schedule R (Form 990) 2019

Page **2**

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

		inclo related erg	ameador		arthoromp during th	o lax your.							
	(a) Name, address, and EIN of related organization	(b) Primary activity	Primary activity Legal Direct controlling Predominant Share of total Share of end-of-		(h Disprop alloca		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership			
								Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sectio 512(b)(controll entity
(1)								Yes N
(2)								
(3)								
(4)								
<u>(5)</u>								
<u>(6)</u> (7)								
(7)								

Schedule R (Form 990) 2019

9E1308 1.000

Schedule R (Form 990) 2019

Par	t V Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	rt IV, line 34, 35b, or 36.			
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Y	es No
1	During the tax year, did the organization engage in any of the following transactions with one or more in	elated organizations lis	sted in Parts II-IV?			
а					-	X
b	o o o o o o o o o o				b	X
С	5 () ()				-	X
d	J			· · · · · ⊢	d	X
е	Loans or loan guarantees by related organization(s)				e	
f	Dividends from related organization(s)			1	f	X
g	Sale of assets to related organization(s)				g	X
h					h	X
i	Exchange of assets with related organization(s).				i	X
j	Lease of facilities, equipment, or other assets to related organization(s).			1	j	X
				1	k	x
ĸ	Lease of facilities, equipment, or other assets from related organization(s)			••••• ⊢		X
I	Performance of services or membership or fundraising solicitations for related organization(s)			· · · · ·	m	X
	Performance of services or membership or fundraising solicitations by related organization(s). Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				n	X
n	Sharing of paid employees with related organization(s)				0	X
0				· · · · · ·		
р	Reimbursement paid to related organization(s) for expenses.			1	p	X
q					q	X
-						
r	Other transfer of cash or property to related organization(s)			1	r	X
S	Other transfer of cash or property from related organization(s).				s	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including cove	ered relationships and transa	action thresho	olds.	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d Method of c amount	leterm	
(1)	AGA KHAN FOUNDATION GENEVA	С	1,346,000.	AMT WIRI	ED	
(2)						
(3)						
(4)						
(5)						
(6)						
JSA		1	Sch	nedule R (For	m 99	0) 2019
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52-1231983

Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	from tax under		e) partners tion (c)(3) tations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloc	h) portionate ations?	amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership	
			sections 512-514)	Yes	No			Yes	No	, ,	Yes	No		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
0)														
1)														
2)														
3)														
4)														
5)														
6)											 			

Schedule R (Form 990) 2019

Page 5

Schedule R (Form 990) 2019

Part VII	Supplemental Information
	Provide additional information for responses to questions on Schedule R. See instructions.

PART II:

PRIMARY ACTIVITY - AKF GENEVA SEEKS SUSTAINABLE SOLUTIONS TO LONG TERM PROBLEMS OF POVERTY, HUNGER, ILLITERACY, AND ILL-HEALTH WITH SPECIAL EMPHASIS ON THE NEEDS OF RURAL COMMUNITIES IN MOUNTAINOUS COASTAL AND OTHER RESOURCE-POOR AREAS. PROGRAM PRIORITIES ARE EDUCATION, HEALTH, RURAL DEVELOPMENT, CIVIL SOCIETY, WITH PARTICULAR EMPHASIS ON GENDER, THE ENVIRONMENT, PLURALISM AND HUMAN RESOURCE DEVELOPMENT. EXEMPT CODE SECTION: AKF GENEVA IS TAX EXEMPTED UNDER SWISS LAW FOR CHARITABLE ORGANIZATIONS. THERE IS NO SPECIFIC CODE. PUBLIC CHARITY STATUS: AKF GENEVA IS A PRIVATE FOUNDATION RECOGNIZED AS A NON-PROFIT CHARITABLE ORGANIZATION UNDER THE CONTROL OF THE SWISS FOUNDATION AUTHORITY. Form **990** Department of the Treasury

Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public.

Open to Public

OMB No. 1545-0047

	sne		

6

Inter	nal Reve	enue Service		Information	about Form	990 and its	instruction	s is at www.	irs.gov/	/form990.		l?	nspecti	on
AF	or th	ne 2019 cal	endar year, or t	tax year beg	inning		, 2019), and endi	ng			, 2	0	
_			me of organization							D Employer	identifi	ication nun	nber	
B c	heck if a	pplicable: AC	GA KHAN FOU	NDATION 1	U.S.A.									
	Addr		ng Business As							52-12	3198	3		
		-	mber and street (or	P.O. box if mail	is not delivered	to street addre	ss)	Room/suite		E Telephon	e numbe	ər		
	Initia	I return 18	325 K STREE	T, N.W.				901		(202) 2	293-2	2537		
	Term	ninated Cit	y or town, state or p	province, country	, and ZIP or fore	eign postal cod	e							
	Amer	nded W2	ASHINGTON,	DC 20006						G Gross red	eipts \$	295	,766	,337.
		ication F Na	me and address of	principal officer:	ZAHII	RAHIMT	OOLA			H(a) Is this a		urn for	Yes	XNC
	_ pend		AME AS "C"	ABOVE						subordina H(b) Are all su		included?	Yes	
ī	Tax-ex	empt status:	X 501(c)(3)	501(c) () ┥ (in	sert no.)	4947(a)(1)	or 5	27	lf "No," a	attach a lir	st. (see instru	L uctions)	
J	Webs	ite: 🕨 WWW	.AKFUSA.ORG		, , ,		- (-/(/	-		H(c) Group ex	kemption ⁻	number 🕨		
ĸ	Form	of organization	: X Corporation	Trust	Association	Other	•	L Year	of format	tion: 1981			omicile:	DC
-	art I	Summa										<u> </u>		
	1		ribe the organiza	tion's mission	or most signif	icant activitie	SEE S	CHEDULE	0					
e	·	Briefly dese	nbe the organiza											
anc														
Governance	2	Check this	oox ► if the	e organization	discontinued	its operation								
Š	3			0		•	•				1	1		15.
	4		voting members of independent voting											15.
Activities &	4													38.
ivit	5		er of individuals e										2	,000.
Acti	0		er of volunteers (e	estimate if nece	essary)						. 6			,000. 0
			ited business reve											0
	a	Net unrelat	ed business taxab	ble income from	n Form 990-1	, line 34 🔒			• • • •	Prior Year			rent Y	
		• • • • •								74,743,				7,141
ne	8	Contribution	ns and grants (Par	t VIII, line 1h)			COP	Y FOR]	/4,/43,	0.	109	,10/	, 141
Revenue	9		rvice revenue (Par					NSPECTION		1 010				014
Re	10		income (Part VIII						J	1,918,				5,014
	11		ue (Part VIII, colu							1,667,				5,020
	12		ue - add lines 8 th							78,330,				7,175
	13		similar amounts p							25,964,		/ 5	, 673	3,499
	14		id to or for membe							2 000	0.		<u></u>	
ses	15		her compensatior							3,088,		3	, 239	9,178
Expenses	16a	Professiona	I fundraising fees	(Part IX, colun	nn (A), line 11	e)			•		0.			0
Тр			aising expenses (F								1.68	<u> </u>		010
-	17	Other exper	nses (Part IX, colu	ımn (A), lines 1	11a-11d, 11f-2	24e)			•	4,448,				9,212
	18		ses. Add lines 13							33,500,				L,889
	19	Revenue le	ss expenses. Sub	tract line 18 fro	om line 12 🚬					44,829,			-	5,286
Assets or d Balances									-	nning of Curre			d of Yea	
sset	20		(Part X, line 16)							402,512,				L,949
d B B B B B B B B B B B B B B B B B B B	21		ies (Part X, line 26							4,729,				1,161
Net / Fund			or fund balances.	Subtract line 2	21 from line 20) <u></u> .				397,783,	121.	486	,177	7,788
	rt II	0	re Block											
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			or print name and titl	e										
D-!	- -	Print/Type p	reparer's name		Preparer's s	11 1	/	Date		Check	if	PTIN		
Paie		JOYCE	UNDERWOOD		yoyce	.Unde	wood	7/14	/2020) self-emp	loyed	P0002	2361	
	parer Only	Firm's name			11					Firm's EIN	13-	-53815	90	
	-	Firm's addre	ss ▶ 8401 GF							Phone no.		3-893-0	0600	-
May	the I	RS discuss	this return with th	e preparer sho	wn above? (se	e instruction	s)					XY	′es	No
			ction Act Notice,											0 (2019)

AGA KHAN FOUNDATION U.S.	. A	•
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-	n 990 (2019)	Page 2
Pa	rt III Statement of Program Service Accomplishments	V
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	X
•	SEE SCHEDULE O	
_		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program servic	as as measured by
-	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and a the total expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$ 40,096,306. including grants of \$ 40,096,306) (Revenue \$	0.)
	DIAMOND JUBILEE GRANT TO AKF GENEVA: PART OF AKF ENDOWMENT THAT	
	WILL SERVE ON A LONG TERM BASIS TO COVER A PORTION OF VARIOUS	
	EXPENDITURES.	
4b	(Code:) (Expenses \$ 2,993,661. including grants of \$ 2,993,661.) (Revenue \$	0.)
	ATTACHMENT 1	,
40	(Code:) (Expenses \$ 2,164,500. including grants of \$ 2,164,500.) (Revenue \$	
40	(Code:) (Expenses \$including grants of \$, (Revenue \$) (Revenue \$) (Revenue \$)	0)
4d	Other program services (Describe on Schedule O.)	
4۵	(Expenses \$ 34,839,802. including grants of \$ 30,419,032.) (Revenue \$ 179,043.) Total program service expenses ► 80,094,269.	
JSA		Form 990 (2019)
951	7/9/2020 4:18:03 PM V 19-5.2F	PAGE 3

Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
0				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			x
-	"Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		x
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
		11f	х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	Х	
	Schedule D, Parts XI and XII	12a	A	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.01		v
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			Í
	fundraising, business, investment, and program service activities outside the United States, or aggregate			1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	Í
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Х	Í

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Form 990 (2019)

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		х	
23	Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
_ a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
~~	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		
34	or IV, and Part V, line 1.	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	oou		
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	1	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4-	Х	
JSA	reportable gaming (gambling) winnings to prize winners?	Eorm		(2019)
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 38			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	IJa		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
-				
		14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10	If "Yes," complete Form 4720, Schedule O.			

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Form 9	AGA KHAN FOUNDATION U.S.A. 52–123	1983	F	Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sect	on A. Governing Body and Management		I	1
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<u>,</u>		
b	Enter the number of voting members included on line 1a, above, who are independent 1b	;		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		37	
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		x
4	supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4 5	Did the organization make any significant changes to its governing documents since the pror Form 990 was need?	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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	· ´	
			Yes	No
	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,	10b		
44.5	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? • Describe in Schedule O the process, if any, used by the organization to review this Form 990.	TTa		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, CA, FL, GA, IL, TN, TX, WA,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)	Г (Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict and financial statements available to the public during the tax year.	of inter	rest p	oolicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and recor NAZLIN PEPERMINTWALA 1825 K STREET, N.W., #901 WASHINGTON, DC 20006 202-293-2537	ds ►		

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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) ALEEM WALJI	40.00										
CHIEF EXECUTIVE OFFICER	0.			Х				366,272.	0.	57,322.	
(2) KARIM MERCHANT	40.00										
DIRECTOR OF DVLP & VOL. ENGMT	0.					X		161,861.	0.	25,331.	
(3) ELIZABETH GRANT	40.00										
DIRECTOR OF PROGRAMS	0.					X		159,083.	0.	24,897.	
(4)NAZLIN PEPERMINTWALA	40.00										
ASSOCIATE DIRECTOR OF FINANCE	0.			Х				140,139.	0.	21,932.	
(5) ANNA TITULAER	40.00										
GLOBAL LEAD, LOCAL IMPACT	0.					Х		121,189.	0.	18,966.	
(6)HIS HIGHNESS SHAH KARIM	1.00										
AL-HUSSEINI AGA KHAN, CHAIRMAN	0.	Х						0.	0.	0.	
(7) PRINCE AMYN AGA KHAN	1.00										
DIRECTOR	0.	Х						0.	0.	0.	
(8) PRINCESS ZAHRA AGA KHAN	1.00										
DIRECTOR	0.	Х						0.	0.	0.	
(9) PRINCE RAHIM AGA KHAN	1.00										
DIRECTOR	0.	Х						0.	0.	0.	
(10) JANE PIACENTINI-MOORE	1.00										
DIRECTOR	0.	Х						0.	0.	0.	
(11) ^{ALAN} ABELA	1.00										
DIRECTOR	0.	Х						0.	0.	0.	
(12) GUILLAME DE SPOELBERCH	1.00										
DIRECTOR	0.	Х						0.	0.	0.	
(13) SHERINA EBRAHIM	5.00										
CHAIRMAN NATIONAL COMMITTEE	0.	Х						0.	0.	0.	
(14) ZAHID RAHIMTOOLA	5.00										
VICE-CHAIRMAN, SECRETARY/TREAS	0.	Х		Х				0.	0.	0.	

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(A) Name and title	(B) Average hours per week (list any hours for	Average Position hours per (do not check more the box, unless person is hours for					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	from	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M	ISC)	organization and related organizations
5) ALI ALJUNDI	1.00										
MEMBER, NATIONAL COMMITTEE	0.	X						0.		0.	
6) FARIDA KHEMANI	1.00										
MEMBER, NATIONAL COMMITTEE	0.	X						0.	•	0.	
7) MAHMOOD KHIMJI	1.00	_									
MEMBER, NATIONAL COMMITTEE	0.	X						0.	•	0.	
8) SHAIZA DAMJI NURANI	1.00							_			
MEMBER, NATIONAL COMMITTEE	0.	X						0.	•	0.	
9) ALEEM REMTULA	1.00							_			
MEMBER, NATIONAL COMMITTEE	0.	X						0.	•	0.	
0) NAGEEB SUMAR	1.00										
MEMBER, NATIONAL COMMITTEE	0.	X						0.		0.	
1) AL-KARIM ALIDINA	1.00	v									
EX-OFFICIO MEMBER, NTL COMM. 2) DR. BARKAT FAZAL	0.	X						0.	•	0.	
EX-OFFICIO MEMBER, NTL COMM.		x						0		ο.	
		-									
	-+	-									
1b Sub-total								948,544.		0.	148,44
c Total from continuation sheets to Part VII,	Section A		• • •	• •	• •		•	0.		0.	
d Total (add lines 1b and 1c)								948,544.		0.	148,44
 Total number of individuals (including but no reportable compensation from the organization Did the organization list any former off employee on line 1a? If "Yes," complete Sche 	on ► cer, directo	or, or	5 tru	iste	e,	key e	mp	loyee, or highes	t compensate		Yes N 3
4 For any individual listed on line 1a, is the organization and related organizations g individual.	sum of rep reater than	oortab \$15	ole c 50,0	com 00?	pen / <i>If</i>	sation "Yes	ar ," (nd other compens complete Schedu	sation from tl le J for su	ne ch	4 X
5 Did any person listed on line 1a receive o for services rendered to the organization? If " Section B. Independent Contractors											5 2
 Complete this table for your five highest con compensation from the organization. Report year. 											
(A) Name and business ad	ldress							(B) Description of se	ervices	Co	(C) ompensation
ATTACHMENT 3											
							-				

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f g	Federated campaigns 1 Membership dues 1 Fundraising events 1 Related organizations 1 Government grants (contributions) 1 All other contributions, gifts, grants, and similar amounts not included above 1 Noncash contributions included in lines 1a-1f. 1	b c 11,501,454. d 1,346,000. e 7,112,824. f 149,226,863.				sections 512-514
ວັສ	h	Total. Add lines 1a-1f	<u></u>	169,187,141.			
Program Service Revenue	2a b c d e f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	3 4 5	Investment income (including dividend other similar amounts). Income from investment of tax-exempt be Royalties	ond proceeds	3,277,957. 0. 0.	179,043.		3,098,914.
	6a b	Gross rents	(ii) Personal				
	c	Rental income or (loss) 6c					
her Revenue	d 7a b c	Net rental income or (loss)	s (ii) Other	0.			
r R	d	Net gain or (loss)	<u> </u>	-52,943.			-52,943.
Othe	8a b		3a 2,290,402. 3b 1,195,334.				
	c	Net income or (loss) from fundraising eve	nts	1,095,068.			1,095,068.
	9a		Da 0.				
	b			0.			
	с 10а	Net income or (loss) from gaming activit Gross sales of inventory, less returns and allowances	0a 0.				
	b c	Less: cost of goods sold1 Net income or (loss) from sales of inventor	0b 0. ∕►	0.			
Miscellaneous Revenue	11a	NET CSV LIFE INSURANCE	Business Code	-10,048.			-10,048.
ella	b		_				
Misce Re	c d e	All other revenue		-10,048.			
	<u>е</u> 12	Total revenue. See instructions		173,497,175.	179,043.		4,130,991.

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Form 990 (201	9)	AGA	KHAN	FOUNDATION	U.S.A.
Part VIII	Statement of Reve	enue			

Part IX Statement of Functional Expension 501(c)(3) and 501(c)(4) organizations		s All other organizatio	ns must complete colur	nn(A)
Check if Schedule O contains a r	-			
Do not include amounts reported on lines 6b, 7		(B)	(C)	(D)
8b, 9b, and 10b of Part VIII.	D, Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organization	077 057	077 057		
and domestic governments. See Part IV, line 21	. 877,257.	877,257.		
2 Grants and other assistance to domest	40 011	40 011		
individuals. See Part IV, line 22	. 49,811.	49,811.		
3 Grants and other assistance to foreig				
organizations, foreign governments, and foreig				
individuals. See Part IV, lines 15 and 16		74,746,431.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors trustees, and key employees		81,035.	423,594.	81,035
6 Compensation not included above to disqualifie	ed			
persons (as defined under section 4958(f)(1)) an	nd			
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,005,678.	889,178.	171,166.	945,334
8 Pension plan accruals and contributions (includ				
section 401(k) and 403(b) employer contribution	050 104	97,021.	59,476.	102,63
9 Other employee benefits	140 004	52,755.	32,340.	55,80
0 Payroll taxes	247 700	92,777.	56,874.	98,14
1 Fees for services (nonemployees):				
a Management	0.			
b Legal	227 620	177,830.	159,790.	
c Accounting	120 702	55,267.	77,436.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 1	7 0.			
f Investment management fees			117,414.	
g Other. (If line 11g amount exceeds 10% of line 25, colu				
	0			
(A) amount, list line 11g expenses on Schedule O.). 12 Advertising and promotion	102 070	93,020.		10,058
3 Office expenses		19,307.	254,216.	105,252
4 Information technology			58,191.	
15 Royalties	•			
		133,963.	59,875.	163,39
6 Occupancy	100 01 1	53,362.	134,655.	
7 Travel	•			
8 Payments of travel or entertainment expense for any federal, state, or local public officials	es 0.			
9 Conferences, conventions, and meetings	•			
0 Interest	•			
Payments to affiliates	1 720 672	1,730,672.		
2 Depreciation, depletion, and amortization	•	1,750,072.		
3 Insurance	•			
4 Other expenses. Itemize expenses not covere				
above (List miscellaneous expenses on line 24e.				
line 24e amount exceeds 10% of line 25, colum				
(A) amount, list line 24e expenses on Schedule O			2 000 020	
a DOUBTFUL PLEDGES PROVISION	2,088,030.	044 602	2,088,030.	
bPROPERTY TAXES & LICENSES	947,478.	944,583.	2,895.	
c	_			
d	_			
e All other expenses		00.004.000	2 605 050	1 5 6 1 6 6 6
 25 Total functional expenses. Add lines 1 through 24 26 Joint costs. Complete this line only if the organization reported in column (B) joint cost from a combined educational campaign articles. 	ne ts	80,094,269.	3,695,952.	1,561,668
fundraising solicitation. Check here F	if 0			

0.

JSA 9E1052 2.000

following SOP 98-2 (ASC 958-720)

	AGA KHAN FOUNDATION U.S.A.		52-	1231983
m 990 (2				Page 1
art X	Check if Schedule O contains a response or note to any line in this Pa	ort V		
			•••	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,000.	1	1,000
2	Savings and temporary cash investments.	140,273,421.	2	154,476,558
3	Pledges and grants receivable, net	129,032,337.	3	183,651,880
-	Accounts receivable, net.	0.		
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	(
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	(
7	Notes and loans receivable, net	0.		(
7 8 9	Inventories for sale or use	0.		(
9	Prepaid expenses and deferred charges	0.	-	
-	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D			
b	Less: accumulated depreciation 10b 24,405,887.	89,280,231.	10c	105,558,273
11	Investments - publicly traded securities	0.		
12	Investments - other securities. See Part IV, line 11	28,281,574.		30,208,124
13	Investments - program-related. See Part IV, line 11	13,250,000.	13	15,741,379
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	2,394,341.	15	4,574,735
16	Total assets. Add lines 1 through 15 (must equal line 33)	402,512,904.	16	494,211,949
17	Accounts payable and accrued expenses	456,885.	17	4,585,244
18	Grants payable	749,370.	18	94,660
19	Deferred revenue	1,877,994.	19	1,360,871
20	Tax-exempt bond liabilities.	0.	20	(
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons	0.		
23	Secured mortgages and notes payable to unrelated third parties	0.	23	(
24	Unsecured notes and loans payable to unrelated third parties	0.	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	1,645,534.	25	1,993,386
26	Total liabilities. Add lines 17 through 25	4,729,783.	26	8,034,161
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	265,859,163.	27	261,917,009
28	Net assets with donor restrictions.	131,923,958.	28	224,260,779
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	397,783,121.	32	486,177,788
52				

Form 9	90 (2019)				Pa	ge 12		
Part	XI Reconciliation of Net Assets					_		
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1						173,497,175.		
2	Total expenses (must equal Part IX, column (A), line 25)							
3								
4								
5								
6	Donated services and use of facilities	6		0.				
7	Investment expenses	7		0.				
8	Prior period adjustments	8		0.				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	<u>32,</u> column (B))	10	48	6,1	77,7	/88.		
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>			X		
			-		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in					
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		•••	2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or					
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis			2b	Х			
b	b Were the organization's financial statements audited by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on	a					
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of		х			
	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, e	xplain	on					
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t						
	Single Audit Act and OMB Circular A-133?		•• F	3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•			37			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .	<u> </u>	3b	Х			

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 G

		evenue Service		Go to www.irs.go	v/Form990 for instruction	ons and t	he latest i	nformation.	Inspection			
Nam	e of t	he organization	1					Employer identif	ication number			
AG	A KI	HAN FOUNDA'						52-12319				
Ра				•	organizations must o			,	S			
The	org		•		is: (For lines 1 throug			,				
1					tion of churches desc							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4												
5	hospital's name, city, and state:											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described i section 170(b)(1)(A)(iv). (Complete Part II.)											
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X			•			•		om the general public			
•		-		(1)(A)(vi). (Compl			om a go					
8					b)(1)(A)(vi). (Complete	Part II.)						
9		-			ed in section 170(b)(1	-		in conjunction with a	land-grant college			
		-		-	griculture (see instruct		-					
		university:				-		-	-			
10 11		receipts from support from acquired by the	activities rela gross investme organizatio	ted to its exempt f nent income and u n after June 30, 1	ore than 331/3 % of its unctions - subject to nrelated business tax 975. See section 509 usively to test for publi	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3% of its			
12		An organizatio	on organized a	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes			
		of one or mor	re publicly su	pported organizati	ons described in sec	ion 509	(a)(1) or	section 509(a)(2). S	See section 509(a)(3).			
	_	Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete li	nes 12e, 12f, and 12g.			
а		Type I. A su	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving			
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the			
	_	_ supporting o	organization.	You must complet	e Part IV, Sections A	and B.						
b		••			ed or controlled in co							
					organization vested in	the sam	e person	is that control or mar	age the supported			
	_				, Sections A and C.							
С					ng organization opera				lly integrated with,			
			•	. , .	ns). You must comple							
d			-		porting organization of	-						
			•	•	nization generally mus	•			a an attentiveness			
е	Г			,	omplete Part IV, Sect a written determinatio							
e			-		ionally integrated sup				п, туре п			
f	En						Jiganizat					
g					orted organization(s).							
		ame of supported		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of			
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)			
						Yes	No	monuclionoj				
(A)												
(B)												
(C)												
(D)												
(E)												
Tot	al											
For	Paper	work Reduction A	ct Notice, see th	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2019			

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	52,586,744.	39,381,308.	231,926,268.	74,743,895.	169,187,141.	567,825,356.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	52,586,744.	39,381,308.	231,926,268.	74,743,895.	169,187,141.	567,825,356.			
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)						2,568,261.			
6	Public support. Subtract line 5 from line 4						565,257,095.			
	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	52,586,744.	39,381,308.	231,926,268.	74,743,895.	169,187,141.	567,825,356.			
	similar sources	64,076.	116,018.	214,869.	311,996.	3,098,914.	3,805,873.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	816,926.	920,410.	1,486,680.	1,095,068.	4,319,084.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.			
11	Total support. Add lines 7 through 10						575,950,313.			
12	Gross receipts from related activities, etc. (s	ee instructions)				12	2,199,115.			
13	First five years. If the Form 990 is for organization, check this box and stop here	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)			
Sec	tion C. Computation of Public Sup									
14	Public support percentage for 2019 (lin	ne 6, column (f)) divided by line	11, column (f)).		14	98.14 %			
15	Public support percentage from 2018	Schedule A, Pa	rt II, line 14			15	97.49 %			
16a	331/3% support test - 2019. If the org						heck this			
	box and stop here . The organization qualifies as a publicly supported organization									
b	331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check									
	this box and stop here. The organization									
17a	10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is									
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in									
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported									
	organization						▶∟			
b	10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line									
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.									
	Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly									
	supported organization									
18	Private foundation. If the organization									
	instructions						▶∟			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	tion A. Public Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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							
Ū	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and 3							
<i>i</i> a	received from disqualified persons							
h	Amounts included on lines 2 and 3	 						
2	received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year	[
	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
800	line 6.)							
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
		(a) 2010	(6) 2010	(0) 2017	(0) 2010	(6) 2013		
9 10 a	Amounts from line 6 Gross income from interest, dividends,	L						
iva	payments received on securities loans,							
	rents, royalties, and income from similar							
D	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b	<u> </u>						
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.)	<u> </u>						
14	First five years. If the Form 990 is f	0	-					
	organization, check this box and stop here							
	tion C. Computation of Public Sup			(2))		1		
15	Public support percentage for 2019 (line 8					15	%	
16	Public support percentage from 2018 Sche					16	%	
Sec	tion D. Computation of Investmen					1 1		
17	Investment income percentage for 2019 (li					17	%	
18	Investment income percentage from 2018					18	%	
19 a	331/3% support tests - 2019. If the or							
	17 is not more than 331/3%, check th	-	-	•		••••••		
b	331/3% support tests - 2018. If the org							
	line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,				
JSA 9E122	1 1.000				5	Schedule A (Form 9	990 or 990-EZ) 2019	
	7/9/2020 4	:18:03 PM	V 19-5.2F				PAGE 1	

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** 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.)

10b Schedule A (Form 990 or 990-EZ) 2019

Schedu	le A (Form 990 or 990-EZ) 2019		F	Page 5
Part				<u> </u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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		
Secti	on B. Type I Supporting Organizations		Yes	No
			res	INO
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? <i>If</i> "Yes," <i>explain in</i> Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Secti	on 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 ins	structi	ons).	
а	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>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instrue	ctions)	
2	Activities Test Answer(a) and (b) holew		Yes	No
2 a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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? <i>If "Yes," explain in</i> 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.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nizations r	nust complete Sectio	
Section A - Adjusted Net Income	(B) Current Year (optional)		
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property hold for production of income (and instructions)	6		
maintenance of property held for production of income (see instructions)	7		
7 Other expenses (see instructions)	-		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current 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 emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2019

-	ule A (Form 990 or 990-EZ) 2019	Supporting Organizat	iona (continued)	Page 7
Part	Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions	Supporting Organizat	tions (continued)	Current Year
1	Amounts paid to supported organizations to accomplish ex	vompt purposos		Current real
2	Amounts paid to perform activity that directly furthers exer		od	
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	ses of supported organi	2010/13	
	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.			
	Distributions to attentive supported organizations to which	the organization is resp	oncivo	
0	(provide details in Part VI). See instructions.		013100	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10			(**)	(
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
 b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			
			Schedule	A (Form 990 or 990-EZ) 2019

Page 8

Schedule A (Form 990 or 990-EZ) 2019

Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; PartIII, 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

(10111 330, 330-LZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

52-1231983

Name of the organization AGA KHAN FOUNDATION U.S.A.

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 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

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, 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 totaling \$5,000 or more during the year

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$4,301,279.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$	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 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 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.)

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

Part I

_

PAGE 23

Name of organization	AGA	KHAN	FOUNDATION	U.S.A.

Employer identification number 52–1231983

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	Page 4					
Name of organization AGA KHAN FOUNDATION U.S.A.	Employer identification number					
	52-1231983					
Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or						

Use	ibutions of \$1,000 or less for th duplicate copies of Part III if addit	e year. (Enter this infor		of <i>exclusively</i> religious, charitable, ee instructions.) ► \$
) No. rom art I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held
		(e) Transfer o	of gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held
		(e) Transfer c	of gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of <u>c</u>	jift	(d) Description of how gift is held
		(e) Transfer o	of gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee
) No. om art I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer o		nship of transferor to transferee

SCHEE	DULE D
(Form	990)

Supplemental Financial Statements

•	,	•	the organization answered "Yes" or			
		Part IV, line 6, 7,	8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11	f, 12a, or 12	o.	
	rtment of the Treasury		Attach to Form 990.			Open to Public
	nal Revenue Service	Go to www.irs.gov	/Form990 for instructions and the la	atest informat		Inspection
	e of the organization					ntification number
-	A KHAN FOUNDAT				52-123	31983
Pa		•	ised Funds or Other Similar F		ccounts.	
	Complete	if the organization answered	"Yes" on Form 990, Part IV, li	ine 6.		
			(a) Donor advised funds		(b) Funds	s and other accounts
1	Total number at e	nd of year				
2	Aggregate value o	f contributions to (during year)				
3	Aggregate value c	f grants from (during year)				
4	Aggregate value a	t end of year				
5		-	advisors in writing that the ass	sets held in	donor advi	ised
	-		e organization's exclusive legal co			
6	-		and donor advisors in writing that			
			fit of the donor or donor advisor			
Pa		tion Easements.				
		if the organization answered	"Yes" on Form 990, Part IV, li	ine 7.		
1			organization (check all that apply)			
		n of land for public use (for example			a historical	ly important land area
		of natural habitat				historic structure
	Preservatio	n of open space				
2			eld a qualified conservation conti	ribution in th	e form of a	conservation
-	-	ast day of the tax year.				t the End of the Tax Year
а					2a	
					2b	
b	-	-	s historic structure included in (a)		20	
c d						
u			e) acquired after 7/25/06, and no		2d	
3		-	nsferred, released, extinguished,	••••		organization during the
3			nsierreu, releaseu, extiliguisrieu,		lied by the	organization during the
	tax year ►		ruction accoment is located			
4			rvation easement is located			
5	•		garding the periodic monitoring			
			sements it holds?			
6		hours devoted to monitoring, insp	ecting, handling of violations, and	enforcing co	nservation ea	asements during the year
_	►					
7		es incurred in monitoring, inspec	ting, handling of violations, and er	nforcing con	servation ea	isements during the year
_	►\$				4704	
8			2(d) above satisfy the requiremen			
_	and section 170(h)(4)(B)(ii)?				L Yes L No
9		e 1	conservation easements in its re			
			of the footnote to the organization	n's financial	statements	that describes the
		ounting for conservation easeme				
Pa			of Art, Historical Treasures,		Similar Ass	sets.
	I	5	"Yes" on Form 990, Part IV, li			
1a	If the organization of art, historical t service, provide in	n elected, as permitted under FA reasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to report in it ts held for public exhibition, ec to its financial statements that de	ts revenue a ducation, or escribes the	statement a research i se items.	ind balance sheet work in furtherance of public
b	If the organization art, historical treas provide the follow	n elected, as permitted under F sures, or other similar assets he ing amounts relating to these ite	ASB ASC 958, to report in its r Id for public exhibition, educations:	evenue stat on, or resea	tement and rch in furthe	balance sheet works o erance of public service
						▶\$
	(ii) Assets include	d in Form 990, Part X				▶ \$
2	If the organizatio	n received or held works of a	rt. historical treasures. or other	similar as	sets for fin:	ancial gain, provide the

2	If the organization received or held works of art, historical treasures, or other similar	r assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	► ¢

For	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D	(Form 990) 2019
b	Assets included in Form 990, Part X	▶\$	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$	

OMB No. 1545-0047

AGA KHAN FOUNDATION U.S.A.

.		A KHAN	FOUNDAL	TON	0.5.	А.					JZ-123	01903	_	~
-	dule D (Form 990) 2019			Arrel					011-0-0	0:				age 2
	rt III Organizations Maintain	-											,	C 11 -
3	Using the organization's acquisition		ision, and o	other	recor	as, cnec	к any o	of the	TOILOW	ing that r	nake sigr	nificant l	ise o	r its
-	collection items (check all that app	oly):		_	J [~				
a L	Public exhibition			C			or excha	•						
b	Scholarly research	rotiona		e		Other								
C A	Preservation for future gene		adlaction		امرماد	in how	thou fu	thor	the or	anization		t nurnor	o in	Dort
4	Provide a description of the orga	nizations	conections	sanu	i expla	an now	they ful	ther	the org	yanization	s exemp	i purpos	e m	Fan
5	XIII. During the year, did the organization	on colicit (or rocoivo d	donat	ione o	fort bict	orical tr	00011	roc or	othor cimi	or			
3	assets to be sold to raise funds rati										_	Yes		No
Pa	rt IV Escrow and Custodial A			ameu	as pa		organiza	ation	3 001100			103		NO
ı a	Complete if the organiza			ے اں "ءد	n Forr	n 00∩ I	Part IV	lina	9 or r	enorted a	n amour	nt on Ec	rm	
	990, Part X, line 21.					11 000, 1	untry,	mic	0,011	oponed a	in amou		,,,,,,	
1a	Is the organization an agent, truste	e custor	dian or othe	er inte	ermed	iary for o	contribu	tions	or othe	r assets no	ot			
Tu	included on Form 990, Part X?											Yes		No
b	If "Yes," explain the arrangement i	n Part XII	II and com	olete	the fol	lowing ta	ble [.]	• • •			• • • • L		L	110
	in roo, oxplain the arrangement			01010		lo ming ta	510.				Amount			
с	Beginning balance							1c			/			
	Additions during the year							1d						
e	Distributions during the year							1e						
f	Ending balance							1f						
2a	Did the organization include an am								stodial	account lia	ability?	Yes		No
b	If "Yes," explain the arrangement i	n Part XII	II. Check h	ere if	the ex	planatior	n has be	en pr	ovided	on Part XII	I			ĺ
	rt V Endowment Funds.					-								
	Complete if the organiza	ation ans	wered "Ye	es" o	n Fori	m 990, l	Part IV,	line	10.					
		(a) Cur	rrent year		(b) Prio	r year	(c) Tw	o year	s back	(d) Three y	ears back	(e) Four	years b	Jack
1a	Beginning of year balance													
b	Contributions													
С	Net investment earnings, gains,													
	and losses													
d	Grants or scholarships													
	Other expenditures for facilities													
	and programs													
f	Administrative expenses													
g	End of year balance													
2	Provide the estimated percentage		rrent year	end b	alance	e (line 1g	, columr	n (a))	held as	:				
а	Board designated or quasi-endown	nent 🕨_		_%										
b	Permanent endowment	%												
С	Term endowment	_%												
	The percentages on lines 2a, 2b, a		•											
3a	Are there endowment funds not in	the posse	ession of th	ne or	ganiza	tion that	are nei	d and	a admir	nistered for	the	F	Yes	No
	organization by:											3a(i)	163	
	(i) Unrelated organizations											3a(i)		
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related											3b		
4	Describe in Part XIII the intended	•							• • • •	• • • • •		50		
	rt VI Land, Buildings, and Eq				Senuo	wittent tu	nus.							
ı a	Complete if the organiz	ation ans	swered "Y	es" o	n For	m 990,	Part IV	, line			990, Pa	rt X, lin	e 10.	
	Description of property		(a) Cost or	r other l stment)	basis		or other ba	asis		cumulated eciation	(d	I) Book va	lue	
1a	Land		(11765	anent)			430,86	58.	depi	colation		71,43	30.8	68.
h	Buildings						987,01		24,4	05,887.		21,58		
č	Leasehold improvements						106,20		, -			12,10		
ď	Equipment					,		-+				•		
e	Other	1					440,00	57.				44	10,0	67.
Tota	I. Add lines 1a through 1e. (Column		t equal Forr	т 990), Part				c.)			105,55		

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019			Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered	"Yes" on Form 990,	Part 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 valuat Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) CSV OF LIFE INSURANCE POLICIES	27,062,509.	FMV	
(B)10,504 SHS EQUITY INVESTMENTS	3,145,615.	FMV	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	30,208,124.		
Part VIII Investments - Program Related. Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11c. See Form 990	, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	"Yes" on Form 990	Part IV line 11d See Form 990	Part X line 15
· · · · ·	scription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15.)	<u> </u>	
Part X Other Liabilities. Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 11e or 11f. See For	m 990, Part X,
line 25.			
	tion of liability		(b) Book value
(1) Federal income taxes (2) DEFERRED RENT			110,672.
(3) PROPERTY TAXES ACCRUAL			882,714.
(4) AMOUNTS HELD FOR OTHERS			1,000,000.
(5) (5)			_,000,000.
(6)			
$\frac{(0)}{(7)}$			
(8)			

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1,993,386. ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII JSA 9E1270 1.000

Х

Schedu	le D (Form 990) 2019		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	'n.	
1	Total revenue, gains, and other support per audited financial statements	1	174,941,890.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	·	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	•	
е	Add lines 2a through 2d	2e	1,444,715.
3	Subtract line 2e from line 1	3	173,497,175.
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		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	173,497,175.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
	• •		86,547,223.
1	Total expenses and losses per audited financial statements	1	00,547,225.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments	-	
С	Other losses 2c Other (Describe in Part XIII.) 2d 1,195,334	-	
d		-	1 105 224
е	Add lines 2a through 2d	2e	1,195,334.
3	Subtract line 2e from line 1	3	85,351,889.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)	_	
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	85,351,889.
	XIII Supplemental Information.		
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

SEE PAGE 5

PART X, LINE 2:

Part XIII Supplemental Information (continued)

MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2016.

PART XI, LINE 2D:

OTHER AMOUNTS INCLUDED IN FINANCIALS NOT IN THE RETURN: EXCESS OF FUNDRAISING EVENT REVENUE OVER EXPENSE \$1,195,334.

PART XII, LINE 2D:

OTHER AMOUNTS INCLUDED IN FINANCIALS NOT IN THE RETURN: EXCESS OF FUNDRAISING EVENT REVENUE OVER EXPENSE \$1,195,334.

SCHEDULE F	Statement of Activities Outside the United St	OMB No. 1545-0047		
(Form 990)	► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1 ► Attach to Form 990.	5, or 16.	2019	
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection	
Name of the organization	Employer ider	dentification number		
AGA KHAN FOUNDAT	ION U.S.A.	52-123	31983	
Part I General In Form 990, F	organizatio	on answered "Yes" on		
	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to		

- 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.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE	0.	0.	GRANTMAKING	MULTI SECTOR - SEE V	46,148,805.
(2) NORTH AMERICA	0.	0.	GRANTMAKING	MULTI SECTOR - SEE V	3,226,795.
(3) RUSSIA/INDEPENDENT STATES	0.	0.	GRANTMAKING	MULTI SECTOR - SEE V	11,062,676.
(4) SOUTH ASIA	0.	0.	GRANTMAKING	MULTI SECTOR - SEE V	6,146,733.
(5) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING	MULTI SECTOR - SEE V	2,910,741.
(6) SOUTH ASIA	0.	0.	INVESTMENTS		3,145,615.
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17) 22 Subtotal					70 641 265
 Subtotal Total from continuation sheets to Part I 					72,641,365.
c Totals (add lines 3a and 3b)					72,641,365. F (Form 990) 201

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AGA KHAN FOUNDATION U.S.A. Schedule F (Form 990) 2019

Part II	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,									
	Part IV, line 15, for any re	ecipient who recei	ved more than \$5,000. F	Part II can be o	duplicated if addition	onal space is	needed.			
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
(1)			EUROPE/ICELAND/GREENLAND	SEE PART V	135,860.	WIRE				
(2)			EUROPE/ICELAND/GREENLAND	SEE PART V	5,680,524.	WIRE				
(3)			EUROPE/ICELAND/GREENLAND	SEE PART V	40,096,306.	WIRE				
(4)			EUROPE/ICELAND/GREENLAND	SEE PART V	166,000.	WIRE				
(5)			EUROPE/ICELAND/GREENLAND	SEE PART V	249,517.	WIRE				
(6)			EUROPE/ICELAND/GREENLAND	SEE PART V	89,098.	WIRE				
(7)			NORTH AMERICA	SEE PART V	88,137.	WIRE				
(8)			NORTH AMERICA	SEE PART V	1,875,000.	WIRE				
(9)			NORTH AMERICA	SEE PART V	1,892,252.	WIRE				
(10)			NORTH AMERICA	SEE PART V	20,000.	WIRE				
(11)			NORTH AMERICA	SEE PART V	877,257.	WIRE				
(12)			NORTH AMERICA	SEE PART V	239,429.	WIRE				
(13)			NORTH AMERICA	SEE PART V	60,825.	WIRE				
(14)			NORTH AMERICA	SEE PART V	4,503,443.	WIRE				
(15)			NORTH AMERICA	SEE PART V	49,811.	WIRE				
(16)			NORTH AMERICA	SEE PART V	191,571.	WIRE				

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019

►

Page 2

AGA KHAN FOUNDATION U.S.A. Schedule F (Form 990) 2019

1	(a) Name of organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash	(g) Amount of noncash	(h) Description of noncash	(i) Method of valuation
	(if applicable)	(if applicable)		0	5	disbursement	assistance	assistance	(book, FMV, appraisal, other
(1)			RUSSIA/NEWLY IND. STATES	SEE PART V	338,389.	WIRE			
(2)			RUSSIA/NEWLY IND. STATES	SEE PART V	79,218.	WIRE			
(3)			RUSSIA/NEWLY IND. STATES	SEE PART V	105,036.	WIRE			
(4)			RUSSIA/NEWLY IND. STATES	SEE PART V	919,947.	WIRE			
(5)			RUSSIA/NEWLY IND. STATES	SEE PART V	6,811,700.	WIRE			
(6)			RUSSIA/NEWLY IND. STATES	SEE PART V	2,164,500.	WIRE			
(7)			RUSSIA/NEWLY IND. STATES	SEE PART V	270,501.	WIRE			
(8)			RUSSIA/NEWLY IND. STATES	SEE PART V	34,137.	WIRE			
(9)			RUSSIA/NEWLY IND. STATES	SEE PART V	91,270.	WIRE			
(10)			RUSSIA/NEWLY IND. STATES	SEE PART V	15,771.	WIRE			
(11)			RUSSIA/NEWLY IND. STATES	SEE PART V	232,207.	WIRE			
(12)			SOUTH ASIA	SEE PART V	98,468.	WIRE			
(13)			SOUTH ASIA	SEE PART V	670,251.	WIRE			
(14)			SOUTH ASIA	SEE PART V	2,993,661.	WIRE			
(15)			SOUTH ASIA	SEE PART V	543,480.	WIRE			
(16)			SOUTH ASIA		95,651.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019

►

Page 2

PAGE 33

(b) IRS code

section and EIN (if applicable)

			222.254				
(1)	SOUTH ASIA	SEE PART V	332,351.	WIRE			
(2)	SOUTH ASIA	SEE PART V	942,648.	WIRE			
(3)	SOUTH ASIA	SEE PART V	480,426.	WIRE			
(4)	SUB-SAHARAN AFRICA	SEE PART V	528,263.	WIRE			
(5)	SUB-SAHARAN AFRICA	SEE PART V	361,991.	WIRE			
		old mill v		WIRD			
(6)	SUB-SAHARAN AFRICA	SEE PART V	33,090.	WIRE			
(7)	SUB-SAHARAN AFRICA	SEE PART V	539,705.	WIRE			
(0)			101 012				
(8)	SUB-SAHARAN AFRICA	SEE PART V	191,813.	WIRE			
(9)	SUB-SAHARAN AFRICA	SEE PART V	84,794.	WIRE			
(10)	SUB-SAHARAN AFRICA	SEE PART V	117,112.	WIRE			
(11)	SUB-SAHARAN AFRICA	SEE PART V	951,420.	WIRE			
(12)	SUB-SAHARAN AFRICA	SEE PART V	100,000.	WIRE			
(12)		old mill v	100,000.	WIRD			
(13)							
(14)							
(45)							
(15)							
(16)							
	1	1		1	1	11	

(d) Purpose of

grant

(f) Manner of

cash

disbursement

(e) Amount of

cash grant

(g) Amount of

noncash

assistance

►

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(c) Region

AGA KHAN FOUNDATION U.S.A.

(a) Name of

organization

Schedule F (Form 990) 2019

Part II

1

(h) Description

of noncash

assistance

Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

(i) Method of

valuation (book, FMV,

appraisal, other)

44.

Schedule F (Form 990) 2019

(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)							

Schedule F (Form 990) 2019

JSA 9E1276 1.000 Page 3

AGA KHAN FOUNDATION U.S.A.

Schedu	le F (Form 990) 2019		Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	s 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)	Ye:	s X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	X Yes	s 🗌 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? <i>If</i> "Yes," <i>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)</i>	Yes	s 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)	Ye:	s 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)	Ye:	s X No

Schedule F (Form 990) 2019

52-1231983

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

PART I, LINE 2:

AKF U.S.A. HAS THE FOLLOWING PROCEDURES IN PLACE FOR MONITORING THE USE

OF GRANT FUNDS OUTSIDE THE UNITED STATES:

- GRANT AGREEMENTS AND MEMORANDUMS OF UNDERSTANDING ARE SIGNED WITH ALL

IMPLEMENTING PARTNERS IN THE FIELD OUTLINING THEIR OBLIGATIONS AND

RESPONSIBILITIES VIS-A-VIS USE OF GRANTED U.S. GOVERNMENT AND/OR PRIVATE

FOUNDATION FUNDS;

- IMPLEMENTING PARTNERS SUBMIT AT A MINIMUM, QUARTERLY FINANCIAL AND

NARRATIVE REPORTS. THESE REPORTS ARE ANALYZED AT THE AKF U.S.A. OFFICE

FOR INTERNAL DISCREPANCIES AND FOR ANY DISALLOWABLE SPENDING OR

ACTIVITIES;

- RESPONSIBLE OFFICERS FROM AKF U.S.A. VISIT IMPLEMENTING PARTNERS IN THE FIELD TO ENGAGE ON GRANT COMPLIANCE. THE FREQUENCY OR TIMING OF THESE VISITS IS DETERMINED BY THE NATURE OF A PARTICULAR GRANT AND THE INTERNAL MONITORING CAPACITIES OF A PARTICULAR IMPLEMENTING PARTNER.

PART I, LINE 3 AND PART II, LINE 1: EXPLANATION: METHOD USED TO ACCOUNT FOR EXPENDITURES IS ACCRUAL BASIS.

PART II, COLUMM (D)

FUNDING FOR PROGRAMS IN HEALTH, EDUCATION, RURAL DEVELOPMENT, CIVIL SOCIETY STRENGTHENING AND THE ENVIRONMENT.

SCHEDULE G	Supplemental	Information Re	garding	Fundra	ising or Gamir	g Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)		he organization answer organization entered n				9, or if the	2019
Department of the Treasury Internal Revenue Service	► G	► Attach to to www.irs.gov/Form) or Form 990 ructions and			Open to Public Inspection
Name of the organization						Employer identificati	
AGA KHAN FOUNDA'	FION U.S.A.					52-1231983	
Part I Fundraisin	g Activities. Comp	lete if the organi	ization ar	swered "	Yes" on Form 99	90, Part IV, line 1	7.
Form 990-	EZ filers are not re	quired to comple	te this pa	irt.			
1 Indicate whether	the organization rais	sed funds through a	any of the	following	activities. Check a	all that apply.	
a Mail solicita	tions	е			non-government g		
b Internet and	email solicitations	f			government grants	S	
c Phone solic		g	Spe	cial fundra	ising events		
d 🔄 In-person so							
b If "Yes," list the	tion have a written o es listed in Form 990 10 highest paid indi least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be
(i) Name and add or entity (fu		(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
			1				
	which the organiza ensing.			d to solicit	contributions or	has been notified	it is exempt from

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	rt II Fundraising Events. Comple more than \$15,000 of fundra events with gross receipts gre	aising event contribut eater than \$5,000.	ions and gross incom	e on Form 990-EZ,	
		(a) Event #1 AFK WALKS	(b) Event #2 AFK GOLF	(c) Other events 8.	(d) Total events (add col. (a) through
ט		(event type)	(event type)	(total number)	col. (c))
	1 Gross receipts	4,875,874.	317,836.	8,598,147.	13,791,855
	2 Less: Contributions	3,128,972.	141,836.	8,230,647.	11,501,455
	3 Gross income (line 1 minus line 2)	1,746,902.	176,000.	367,500.	2,290,402
	4 Cash prizes			0.	
	5 Noncash prizes			0.	
	6 Rent/facility costs	170,415.	40,750.	0.	211,165
ì	7 Food and beverages	40,916.	1,000.	0.	41,916
	8 Entertainment	22,692.	850.	0.	23,542
	9 Other direct expenses	262,401.	24,019.	632,291.	918,713
	10 Direct expense summary. Add lin	es 4 through 9 in colu	 mn (d)	▶	
	10 Direct expense summary. Add lin 11 Net income summary. Subtract li	es 4 through 9 in colu ne 10 from line 3, colu	mn (d) umn (d)		1,195,334 1,095,068
	10 Direct expense summary. Add lin	es 4 through 9 in colu ne 10 from line 3, colu anization answered "	mn (d) umn (d)		1,195,334 1,095,068
а	 Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org 	es 4 through 9 in colu ne 10 from line 3, colu anization answered "	mn (d) umn (d)		1,195,334 1,095,068 reported more that (d) Total gaming (add
)a	 Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a.	mn (d) Jmn (d) Yes" on Form 990, F	Part IV, line 19, or	1,195,334 1,095,068 reported more that (d) Total gaming (add
2	 10 Direct expense summary. Add lin 11 Net income summary. Subtract li rt III Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a. (a) Bingo	mn (d) Jmn (d) Yes" on Form 990, F	Part IV, line 19, or	1,195,334 1,095,068 reported more that (d) Total gaming (add
a	 10 Direct expense summary. Add lin 11 Net income summary. Subtract li rt III Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 1 Gross revenue 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a. (a) Bingo	mn (d) Jmn (d) Yes" on Form 990, F	Part IV, line 19, or	1,195,334 1,095,068 reported more that (d) Total gaming (add
	 10 Direct expense summary. Add lin 11 Net income summary. Subtract li 1 Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a. (a) ^{Bingo}	mn (d) Jmn (d) Yes" on Form 990, F	Part IV, line 19, or	1,195,334 1,095,068 reported more that (d) Total gaming (add
a	 10 Direct expense summary. Add lin 11 Net income summary. Subtract li rt III Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a. (a) Bingo	mn (d) Jmn (d) Yes" on Form 990, F	Part IV, line 19, or	•
2	 10 Direct expense summary. Add lin 11 Net income summary. Subtract li 1 Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 3 Noncash prizes 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a. (a) Bingo	mn (d) umn (d) Yes" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or (c) Other gaming	1,195,334 1,095,068 reported more than (d) Total gaming (add col. (a) through col. (c))
a	 10 Direct expense summary. Add lin 11 Net income summary. Subtract li 11 Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a. (a) Bingo	mn (d) umn (d) Yes" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or (c) Other gaming	1,195,334 1,095,068 reported more than (d) Total gaming (add col. (a) through col. (c))
a	 10 Direct expense summary. Add lin 11 Net income summary. Subtract li 1 Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a. (a) Bingo (a) Bingo Yes % No es 2 through 5 in colu	mn (d)	Part IV, line 19, or (c) Other gaming (c) Part IV, line 19, or (c) Other gaming	1,195,33 1,095,06 reported more tha (d) Total gaming (add col. (a) through col. (c)

b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2019

AGA KHAN FOUNDATION U.S.A.

	AGA KHAN FOUNDATION U.S.A.	52-123	1983	
Sched	lule G (Form 990 or 990-EZ) 2019			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
b	An outside facility			<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events book			/0
14	records:	is and		
	Nama N			
	Name			
	Address			
15 a	Does the organization have a contract with a third party from whom the organization receives	namina		
154	revenue?		Yes	No
h	If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the		
D	amount of gaming revenue retained by the third party \triangleright \$			
с	If "Yes," enter name and address of the third party:			
L	in res, enter name and address of the third party.			
	Name ►			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro	oceeds to		
-	retain the state gaming license?		Yes	No
h	Enter the amount of distributions required under state law to be distributed to other exempt orga			
	or spent in the organization's own exempt activities during the tax year > \$			
Part		(iii) and	(v) and	
- an	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additio			
	(see instructions).			
	x			

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE I (Form 990)				Assistance t Individuals in				OMB No. 1545-0047
(1 0 1 1 0 0 0)			ganization ans	wered "Yes" on F	orm 990, Part IV			2019
Department of the Treasury				ttach to Form 990				Open to Public
Internal Revenue Service		► Go t	o www.irs.gov	/Form990 for the I	atest information	.		Inspection
Name of the organization							Employer identificati	
AGA KHAN FOUND							52-123198	33
	Information on Grants and							
-	ization maintain records to su			-	-			
	iteria used to award the grant							X Yes No
	t IV the organization's proced		5	5				
Part II Grants a	nd Other Assistance to D	omestic Org	anizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, I	ine 21, for any recipient th	nat received	more than \$5,	,000. Part II can b	be duplicated if a	additional space is r	needed.	
	nd address of organization r government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HH PRINCE AGA KH	AN SHIA IMAMI ISMAILI COUNC							
1700 FIRST COLON	Y SUGARLAND, TX 77479	06-1204397		877,257.				INSTITUTIONAL SUPPOR
(2)		_						
(3)		-						
(4)		_						
(5)		_						
(6)		_						
(7)		_						
(8)								
(9)		_						
(10)								
(11)								
(12)								
	ber of section 501(c)(3) and ber of other organizations list							<u>1.</u>
For Paperwork Reduct	ion Act Notice, see the Instructi	ons for Form 9	90.				Sch	edule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) America (a) America (b) America (b)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FELLOWSHIP PROGRAM	2.	49,811.			
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information.	information re	equired in Part I,	line 2, Part III, c	column (b); and any c	other additional

PART I, LINE 2:

DESCRIPTION OF PROCEDURE FOR MONITORING USE OF FUNDS: AKF U.S.A. HAS IN

PLACE THE FOLLOWING PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN

THE UNITED STATES: - GRANT AGREEMENTS ARE SIGNED WITH ALL IMPLEMENTING

PARTNERS IN THE FIELD OUTLINING THEIR RESPONSIBILITIES AND OBLIGATIONS. -

IMPLEMENTING PARTNERS SUBMIT, AT A MINIMUM QUARTERLY FINANCIAL AND

NARRATIVE REPORTS. THESE REPORTS ARE ANALYZED AT THE AKF U.S.A. OFFICE

FOR INTERNAL DISCREPANCIES AND FOR ANY DISALLOWABLE SPENDING OR

ACTIVITIES.

52-1231983

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
3					
4					
5					
6					
7					
art IV Supplemental Information. Provide information.	the information re	equired in Part I,	line 2, Part III, c	column (b); and any c	other additional

PART II, LINE 1, COLUMN (H):

INSTITUTIONAL SUPPORT - QUALITY OF LIFE

Page 2

SCHI	EDULE J	Compen	sation Information	01	/IB No. [^]	1545-0	047
(For	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		୬ଲ	19	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line 2	3.			
	nent of the Treasury Revenue Service		Attach to Form 990. 990 for instructions and the latest information.	0	pen to Inspe		
	of the organization			Employer identification			
AGA	KHAN FOUN	DATION U.S.A.		52-1231983			
Part	Question	s Regarding Compensation					
						Yes	No
1a			ovided any of the following to or for a pers				
			provide any relevant information regarding				
		ss or charter travel	Housing allowance or residence for	•			
		or companions	Payments for business use of persor				
		mnification and gross-up payments	Health or social club dues or initiatio				
	Discretio	onary spending account	Personal services (such as maid, cha	uffeur, chef)			
b	or reimburse	ment or provision of all of the ex	ne organization follow a written policy re openses described above? If "No," com	garding payment plete Part III to	46		
2	explain	prization require substantiation prior	to reimbursing or allowing expenses	incurred by all	1b		
2	-		D/Executive Director, regarding the items	-			
	•				2		
3			on used to establish the compensation of t		-		
3	organization's	CEO/Executive Director. Check all the	at apply. Do not check any boxes for methode e CEO/Executive Director, but explain in Pa	ds used by a			
		isation committee	X Written employment contract				
	· · ·	dent compensation consultant	Compensation survey or study				
		0 of other organizations	X Approval by the board or compensation	tion committee			
4		•	Part VII, Section A, line 1a, with respect to				
	organization of	or a related organization:		-			
а			ayment?		4a		X
b	•		ental nonqualified retirement plan?		4b		X
С	-		ased compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each ite	em in Part III.			
	- · · ·						
_	-		rganizations must complete lines 5-9.				
5	•		ion A, line 1a, did the organization pa	y or accrue any			
-	-	n contingent on the revenues of:			E.		х
a b	-				5a 5b		X
b	•	e 5a or 5b, describe in Part III.			50		
6			ion A, line 1a, did the organization pa				
5		contingent on the net earnings of:	and the organization pa				
а	-				6a		х
b	-				6b		X
	-	e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization provi	de any nonfixed			
-			escribe in Part III		7		Х
8			paid or accrued pursuant to a contract tha				
	to the initial	contract exception described in I	Regulations section 53.4958-4(a)(3)? If	"Yes," describe			
					8		X
9			low the rebuttable presumption proced				
	Regulations s	ection 53.4958-6(c)?		<u></u>	9		
For Pa	aperwork Reduc	tion Act Notice, see the Instructions for Fo	orm 990.	Schedu	ile J (Fo	orm 990	0) 2019

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown o	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ALEEM WALJI	(i)	366,272.	0.	0.	29,302.	28,020.	423,594.	0.
1 ^{CHIEF EXECUTIVE OFFICER}	(ii)	0.	0.	0.	0.	0.	0.	0.
ELIZABETH GRANT	(i)	159,083.	0.	0.	12,727.	12,170.	183,980.	0.
2 DIRECTOR OF PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
KARIM MERCHANT	(i)	161,861.	0.	0.	12,949.	12,382.	187,192.	0.
DIRECTOR OF DVLP & VOL. ENGMT	(ii)	0.	0.	0.	0.	0.	0.	0.
NAZLIN PEPERMINTWALA	(i)	140,139.	0.	0.	11,211.	10,721.	162,071.	0.
4 ASSOCIATE DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Page 3

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

2019Open to Public Inspection

Name of the organization

Employer	identification	number
	1001000	

AGA	KHAN FOUNDATION U.S.A.				52	-1231983		
Par	t I Types of Property	_						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributi amounts reported Form 990, Part VIII, lii	on	(d) Method of de noncash contribu	terminir	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X		5,432,5	61.	FAIR MARKET	VALU	JE
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential			0.01.4				
16	Real estate - Commercial			281,4	00.	FAIR MARKET	VALU	ΓE
17	Real estate - Other							
18	Collectibles			110 0				
19	Food inventory			112,6	/3.	FAIR MARKET	VALU	JE
20	Drugs and medical supplies				—			
21	Taxidermy				—			
22	Historical artifacts				-+			
23	Scientific specimens							
24	Archeological artifacts				+			
25	Other ►()							
26	Other \blacktriangleright ()							
27	Other ►()							
28	Other ►()	 	l	l	4			
29	Number of Forms 8283 received which the organization completed					29		
							Yes	No
30a	During the year, did the organizat	tion receive	by contribution any prope	rty reported in Part	I, lines	1 through		
	28, that it must hold for at least t	hree years f	rom the date of the initial	contribution, and wh	ich isr	n't required		
	to be used for exempt purposes for	the entire h	olding period?				a	Х

b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 contributions?.... 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?..... 32a **b** If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

JSA

Schedule M (Form 990) 2019

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Х

52-1231983

Page 2

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

PART I, COLUMN B:

THE NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED IN COLUMN (B) IS

REPORTED AS THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.



 Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

 Name of the organization
 Employer ide

 AGA KHAN FOUNDATION U.S.A.
 52-123

Employer identification number

FORM 990, PART I, LINE 1, AND PART III, LINE 1: THE AGA KHAN FOUNDATION U.S.A. IS A PUBLIC, NON-DENOMINATIONAL, PHILANTHROPIC ORGANIZATION ESTABLISHED BY HIS HIGHNESS THE AGA KHAN. IT SEEKS TO PROMOTE SOCIAL DEVELOPMENT, PRIMARILY IN LOW INCOME COUNTRIES OF ASIA & AFRICA BY FUNDING PROGRAMS IN HEALTH, EDUCATION, RURAL DEVELOPMENT, CIVIL SOCIETY STRENGTHENING, AND THE ENVIRONMENT.

FORM 990, PART III, LINE 4D:

IN 2019, AKF U.S.A. ACTIVE GRANTS SUPPORTED INTERVENTIONS IN AFGHANISTAN, KENYA, MALI, MOZAMBIQUE, PAKISTAN, TANZANIA, AND TAJIKISTAN. THE DIVERSE PROGRAM PORTFOLIO INCORPORATES MULTI-SECTOR PROGRAMS SUCH AS THE MALI, TAJIKISTAN, AND AFGHANISTAN AREA DEVELOPMENT PROGRAMS, AS WELL AS THE SECTOR SPECIFIC INTERVENTIONS IN EDUCATION, HEALTH, RURAL DEVELOPMENT AND CIVIL SOCIETY. AKF U.S.A. ACTIVELY SUPPORTS HUMAN RESOURCE DEVELOPMENT THROUGH THE INTERN AND SCHOLARSHIP PROGRAMS.

EXPENSES \$34,839,802. INCLUDING GRANTS OF \$30,419,032. REVENUE \$179,043.

FORM 990, PART VI, SECTION A, LINE 2:

HIS HIGHNESS SHAH KARIM AL-HUSSEINI AGA KHAN AND PRINCE AMYN AGA KHAN ARE BROTHERS. PRINCESS ZAHRA AND PRINCE RAHIM ARE ADULT CHILDREN OF HIS HIGHNESS.

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT FORM 990 IS PROVIDED TO AKF USA'S SENIOR MANAGEMENT AND FINANCE COMMITTEE FOR THEIR REVIEW AND COMMENT. ONCE COMPLETED, A COPY OF THE FORM 990 IS SUBMITTED TO AKF USA'S BOARD OF DIRECTORS AND NATIONAL COMMITTEE PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD, THE NATIONAL COMMITTEE AND MANAGEMENT HAVE THE RESPONSIBILITY OF ADMINISTERING THE AFFAIRS OF AKF U.S.A. HONESTLY AND PRUDENTLY, AND OF EXERCISING THEIR BEST CARE, SKILL AND JUDGEMENT FOR THE SOLE BENEFIT OF AKF U.S.A. THOSE PERSONS SHALL EXERCISE THE UTMOST GOOD FAITH IN ALL TRANSACTIONS INVOLVED IN THEIR DUTIES, AND THEY SHALL NOT USE THEIR POSITIONS WITH AKF U.S.A. OR KNOWLEDGE GAINED THERE FOR THEIR PERSONAL BENEFIT. THIS STATEMENT IS DIRECTED NOT ONLY TO DIRECTORS AND OFFICERS, BUT TO ALL EMPLOYEES WHO CAN INFLUENCE THE ACTION OF AKF U.S.A. TRANSACTIONS BETWEEN THE AKF U.S.A. AND VENDORS ARE REGULARLY REVIEWED BY THE CEO AND CFO TO VERIFY THAT NO CONFLICT OF INTEREST HAS TAKEN PLACE INVOLVING ANY OF THE ABOVE MENTIONED PERSONS AND AKF U.S.A. VENDORS. IF A CONFLICT OF INTEREST SHOULD ARISE, THE NATIONAL COMMITTEE WILL DETERMINE WHETHER THE TRANSACTION IS IN THE BEST INTEREST OF AKF U.S.A. THE NATIONAL COMMITTEE SHALL HAVE THE SOLE DISCRETION TO TAKE ACTION AND ADMINISTER THE APPROPRIATE RESOLUTION SHOULD THE TRANSACTIONS BE DEEMED NOT IN THE BEST INTEREST OF AKF U.S.A.

FORM 990, PART VI, SECTION B, LINE 15:

15A - THE COMPENSATION OF THE CEO IS DETERMINED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF THE AGA KHAN FOUNDATION. THE HUMAN RESOURCES COMMITTEE REVIEWS THE REQUEST FOR INCREASE AS PART OF THE ANNUAL BUDGET SUBMITTED FOR DELIBERATION TO THE BOARD OF THE AGA KHAN FOUNDATION. THE

Schedule O (Form 990 or 990-EZ) 2019					
Name of the organization	Employer identification number				
AGA KHAN FOUNDATION U.S.A.	52-1231983				

AKF U.S.A. CEO'S COMPENSATION IS COMPARED TO THE COMPENSATION OF THE FELLOW CEO'S EMPLOYED THROUGHOUT THE AGA KHAN DEVELOPMENT NETWORK AND IS APPROVED SUBSEQUENTLY BY THE AKF BOARD. THE APPROVAL IS COMMUNICATED TO THE ASSOCIATE DIRECTOR OF FINANCE THROUGH THE CHAIRMAN OF THE NATIONAL COMMITTEE, WHO THEN INITIATES PAYMENT OF THE COMPENSATION. THERE IS NO COMPENSATION TO THE BOARD MEMBERS AND NATIONAL COMMITTEE OF AKF U.S.A.

15B - KEY EMPLOYEE'S SALARY IS DETERMINED BY THE CEO AND IS SUBMITTED TO THE AKF BOARD AS PART OF THE ANNUAL BUDGET OF AKF USA. THE LEVEL OF COMPENSATION IS DETERMINED BY THE CEO FROM THE SALARY SURVEYS OF THE WASHINGTON D.C. AREA FOR SIMILAR POSITIONS AND MARKET PRESSURES. THE AKF BOARD APPROVES THE LEVEL OF COMPENSATION FOR EACH EMPLOYEE, INCLUDING KEY EMPLOYEES. THE APPROVAL IS COMMUNICATED TO THE CEO WHO NOTIFIES THE ASSOCIATE DIRECTOR OF FINANCE TO INITIATE PAYMENT OF THE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE AUDITED FINANCIAL STATEMENTS AND FORM 990 TAX RETURNS ARE AVAILABLE TO THE PUBLIC AND ARE POSTED ON AKF USA'S WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC AND CAN BE OBTAINED BY EMAILING A REQUEST TO INFO.AKFUSA@AKDN.ORG

FORM 990, PART XII, LINE 2C: THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS.

JSA 9E1228 1.000

7/9/2020 4:18:03 PM V 19-5.2F

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Schedule O (Form 990 or 990-EZ) 2019							
Name	Name of the organization						
AGA KHAN FOUNDATION U.S.A							

Employer identification number 52–1231983

Page 2

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

AKHS SEHATMANDI PROGRAM IN AFGHANISTAN: THROUGH THE SEHATMANDI PROJECT, AGA KHAN HEALTH SERVICES, WITH SUPPORT FROM THE AGA KHAN FOUNDATION, MANAGES OVER 1,015 VILLAGE HEALTH POSTS, 158 BASIC AND PRIMARY HEALTH CENTERS, 24 COMPREHENSIVE HEALTH CENTERS, FIVE DISTRICT HOSPITALS, AND TWO ISO-CERTIFIED PROVINCIAL HOSPITALS AND IS THE SOLE PROVIDER OF THE GOVERNMENT OF AFGHANISTAN'S BASIC PACKAGE OF HEALTH SERVICES (BPHS) AND ESSENTIAL PACKAGE OF HEALTH SERVICES (EPHS) IN BADAKHSHAN AND BAMYAN PROVINCES THROUGH JUNE 2021. SEHATMANDI SEEKS TO INCREASE THE UTILIZATION AND QUALITY OF HEALTH, NUTRITION, AND FAMILY PLANNING SERVICES IN AFGHANISTAN AND AIMS TO REACH 1.5 MILLION PEOPLE IN BADAKHSHAN AND BAMYAN OVER THREE YEARS.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

THRIVE TAJIKISTAN PROJECT: THRIVE TAJIKISTAN AIMS TO ENHANCE INTEGRATED SOCIO-ECONOMIC DEVELOPMENT FOR MEN, WOMEN, BOYS, AND GIRLS IN KHATLON OBLAST AND GBAO REGIONS IN TAJIKISTAN. TO ACHIEVE THIS GOAL, THRIVE ENSURES LOCAL GOVERNANCE INSTITUTIONS DEPLOY RESOURCES AND SOCIAL SERVICES EFFECTIVELY THROUGH: IMPROVED MANAGEMENT OF RESOURCES AND SOCIAL SERVICES BY LOCAL GOVERNANCE INSTITUTIONS AND INCREASED ACCESS AND USE OF QUALITY SOCIAL SERVICES BY MEN, WOMEN, BOYS AND GIRLS IN TARGETED COMMUNITIES. AKF ALSO ENSURES IMPROVED PERFORMANCE OF TARGETED SMALLHOLDER

Schedule O (Form 990 or 990-EZ) 2019	Page
Name of the organization	Employer identification number
AGA KHAN FOUNDATION U.S.A.	52-1231983

ATTACHMENT 2 (CONT'D)

FARMERS AND ENTREPRENEURS THROUGH: INCREASED ACCESS FOR TARGETED

ENTREPRENEURS TO GROWTH-ORIENTED FINANCIAL AND TECHNICAL

ASSISTANCE SERVICES AND INCREASED ACCESS AND USE BY SMALLHOLDER

FARMERS TO AGRICULTURAL TECHNICAL ASSISTANCE AND PRODUCTIVE

ASSETS.

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
BDO USA, LLP 770 KENMOOR SE SULTE 300	AUDIT FEES	132,703.

770 KENMOOR SE, SUITE 300 GRAND RAPIDS, MI 49546

OMB No. 1545-0047

Open to Public

Inspection

9

2

Employer identification number

52-1231983

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

AGA KHAN FOUNDATION U.S.A.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
_(4)					
(5)					
(6)					
<i>.</i>					

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	rolled
						Yes	No
(1) AGA KHAN FOUNDATION GENEVA 1-3 AVENUE DE LA PAIX GENEVA, SZ 1211	SEE PART VII	SZ	SEE VII	SEE VII	N/A		x
(2)							
(3)	_						
(4)	_						
(5)	_						
(6)	_						
(7)	_						

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

Schedule R (Form 990) 2019

JSA

Schedule R (Form 990) 2019

Page 2

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

		Inclo related erg	ameador		arthoromp during th	o lax your.				1			
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop alloca		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging tner?	(k) Percentage ownership
								Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(controll entity
(1)							Yes N
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Schedule R (Form 990) 2019

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AGA KHAN FOUNDATION U.S.A.

Schedule R (Form 990) 2019

	Pa	age 3
e 34, 35b, or 36.		
	 Yes	No

52-1231983

Part	Transactions With Related Organizations. Complete if the organization answered "Y	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.			
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Y	es N
	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?			
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	
	Gift, grant, or capital contribution to related organization(s)				1b	
	Gift, grant, or capital contribution from related organization(s)				1c	X
	Loans or loan guarantees to or for related organization(s)				1d	
	Loans or loan guarantees by related organization(s)				1e	
f	Dividends from related organization(s)				1f	
	Sale of assets to related organization(s)				1g	
	Purchase of assets from related organization(s)				1h	
	Exchange of assets with related organization(s)				1i	
	Lease of facilities, equipment, or other assets to related organization(s).				1i	
,						
k	ease of facilities, equipment, or other assets from related organization(s)				1k	
	Performance of services or membership or fundraising solicitations for related organization(s)				11	
	Performance of services or membership or fundraising solicitations by related organization(s)				1m	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	
	Sharing of paid employees with related organization(s)				10	
Ŭ					_	
p	Reimbursement paid to related organization(s) for expenses.				1p	
-	Reimbursement paid by related organization(s) for expenses				1q	
ч						
r	Dther transfer of cash or property to related organization(s)				1r	
s	Dther transfer of cash or property from related organization(s)				1s	
2	f the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cov	ered relationships and trans	action three		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method o amou	(d) of detern nt involv	
(1)	AGA KHAN FOUNDATION GENEVA	С	1,346,000.	AMT WI	RED	
(2)						
(3)						
(4)						

Schedule R (Form 990) 2019

(6) JSA 9E1309 1.000

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(5)

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Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) lame, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	from tax under	organizations?		section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentag ownership
			sections 512-514)	Yes	No			Yes	No	, ,	Yes	No			
	_														
													1		
	_														
													+		
													+		
													+		
													+		
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Part VII	Supplemental Information
	Provide additional information for responses to questions on Schedule R. See instructions.

PART II:

PRIMARY ACTIVITY - AKF GENEVA SEEKS SUSTAINABLE SOLUTIONS TO LONG TERM PROBLEMS OF POVERTY, HUNGER, ILLITERACY, AND ILL-HEALTH WITH SPECIAL EMPHASIS ON THE NEEDS OF RURAL COMMUNITIES IN MOUNTAINOUS COASTAL AND OTHER RESOURCE-POOR AREAS. PROGRAM PRIORITIES ARE EDUCATION, HEALTH, RURAL DEVELOPMENT, CIVIL SOCIETY, WITH PARTICULAR EMPHASIS ON GENDER, THE ENVIRONMENT, PLURALISM AND HUMAN RESOURCE DEVELOPMENT. EXEMPT CODE SECTION: AKF GENEVA IS TAX EXEMPTED UNDER SWISS LAW FOR CHARITABLE ORGANIZATIONS. THERE IS NO SPECIFIC CODE. PUBLIC CHARITY STATUS: AKF GENEVA IS A PRIVATE FOUNDATION RECOGNIZED AS A NON-PROFIT CHARITABLE ORGANIZATION UNDER THE CONTROL OF THE SWISS FOUNDATION AUTHORITY.