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For the tax year ended: December 31, 2020

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PUBLIC INSPECTION COPY

Form **990**

Return of Organization Exempt From Income Tax

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

▶ 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.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

OMB No. 1545-0047

ΑF	or the	e 2020 calendar year, or tax year beginning and	ending				
B c	Check if applicab	c Name of organization		D Employer identific	cation number		
	Addre						
	Name chang	Doing business as		56-26238	13		
	□Initial □return □Final	2001 W Blanc Barkway Guite 3700	Room/suite	E Telephone number 972-941-			
	returnل termir	_					
	ated Amen return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ H(a) Is this a group re	6,441,307.		
	Applic			for subordinates	? Yes X No		
	⊥tiòn pendi	same as C above					
_				H(b) Are all subordinates in			
		empt status: X 501(c)(3)	or 527		list. See instructions		
		www.orphanoutreach.org		H(c) Group exemption			
		organization: X Corporation Trust Association Other	L Year	of formation: 2007 N	$f 1$ State of legal domicile: ${f TX}$		
Pa		Summary					
ø	1	Briefly describe the organization's mission or most significant activities: $\underline{ ext{The}}$					
Activities & Governance		based programs to improve the lives of or	rphans	and childre	en at risk		
Ĩ	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as			
Š	3	Number of voting members of the governing body (Part VI, line 1a)			12		
G		Number of independent voting members of the governing body (Part VI, line 1b)			10		
Š		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			20		
ij		Total number of volunteers (estimate if necessary)			46		
듅		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
	├	Net unrelated business taxable income norm of our 550 1,1 arti, line 11	····	Prior Year	Current Year		
	8	Contributions and grants (Part VIII line 1h)		5,795,930.	6,062,007.		
Revenue	1	Contributions and grants (Part VIII, line 1h)		0.	0.		
Ver	1	Program service revenue (Part VIII, line 2g)		0.	122,638.		
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		295,578.	200,294.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,091,508. 6,384,9			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,183,425.	2,119,525.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11d, 11d, 24c)		950,774.	1,067,348.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ğ.	b	Total fundraising expenses (Part IX, column (D), line 25) > 349, 14	43. 🗀				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,924,954.	615,067.		
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,059,153.	3,801,940.		
		Revenue less expenses. Subtract line 18 from line 12		1,032,355.	2,582,999.		
ets or lances				ginning of Current Year	End of Year		
ets	20	Total assets (Part X, line 16)		2,560,933.	5,066,429.		
Net Asse Fund Bal	21	Total liabilities (Part X, line 26)		164,474.	86,971.		
ll et	22	Net assets or fund balances. Subtract line 21 from line 20		2,396,459.	4,979,458.		
	art II	Signature Block		2/000/2001	1/3/3/2000		
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules	e and etatem	ente and to the heet of my	v knowledge and helief it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y Knowledge and Bellet, it is		
ii uc,	, 001100	t, and complete. Declaration of preparer (other than officer) is based on an information of will	non preparei	I I I I I I I I I I I I I I I I I I I			
٥.		Signature of officer		I Date			
Sign		'		Buto			
Her	е	Michael Douris, President Type or print name and title					
		<u> </u>		Date Check	I DTIN		
		Print/Type preparer's name Preparer's signature		OHOOK	PTIN		
Paid		Michele M. Wales Wulle W Wa	u 1	0/14/21 if self-employed	P00428093		
	parer	Firm's name Batts Morrison Wales & Lee, P.A	•	Firm's EIN	20-4193611		
Use	Only	Firm's address 801 North Orange Avenue, Suite	800				
		Orlando, FL 32801		Phone no. 40	7-770-6000		
May	the I	RS discuss this return with the preparer shown above? See instructions			X Yes No		

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

See Schedule O for Organization Mission Statement Continuation

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To glorify the Lord Jesus Christ by ministering to orphans around the
	world by meeting spiritual, physical, emotional, and educational
	needs.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ 3,083,638. including grants of \$ 2,119,525.) (Revenue \$ 0.) The Organization continues to improve the lives of orphans and at-risk
	children around the world. The Organization's projects consist of
	constructing and renovating schools, homes, and orphanages; providing
	humanitarian and financial aid; sponsoring graduates, students,
	teachers and orphans, graduate programs, community outreach and several
	children's camps. The Organization facilitated volunteer mission trips
	to Honduras, India, Guatemala, Latvia, Kenya, Ukraine, and Russia with
	trip volunteers who provided mission backpacks and humanitarian aid.
	During 2020, the Organization had projects in Eastern Europe (served
	198 individuals in 2020), Central America (served 3,471 individuals in
	2020), Asia (served 689 individuals in 2020), and Kenya (served 3,197
	individuals in 2020).
4b	(Code:) (Expenses \$
75	(Code:
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
<u></u>	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 3,083,638 •
4e	Total program service expenses ► 3,083,638. Form 990 (2020)
	10111330 (2020)

Form 990 (2020) Orphan Outreach Part IV 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)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	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	3		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	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			l
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.,,
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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	446		Х
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
А	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	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	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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		37	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2020) Orphan Outreach Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			۱
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			77
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	 		X
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	OEL		Х
06		25b		
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%	26		Х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Щ.
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5	_		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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

				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 20							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		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								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a	Х					
b	If "Yes," enter the name of the foreign country ▶ Russia, Ukraine								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	, ,			37				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X				
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
	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	-	•		х				
	any contributions that were not tax deductible as charitable contributions?		6a						
D	If "Yes," did the organization include with every solicitation an express statement that such contributi	•	Ch						
7	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the payor?	7-		Х				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sen If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		22				
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7.0						
C	to file Form 8282?	•	7c		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year		70						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7 f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
h									
8									
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	7	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	12a						
	,	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the	12h							
_		13b							
	Did the consideration and the transfer of the leaders that the transfer of the	13c	14a		X				
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	a O	14a 14b		- ^``				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		IHD						
IJ	excess parachute payment(s) during the year?		15		Х				
	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 investmen	t income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.		.0						

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion 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		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		77	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
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?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process 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			- V
	taxable entity during the year?	16a		X
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			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None			
17			` ''	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avail	apie
	for public inspection. Indicate how you made these available. Check all that apply.			
46	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, conflict of interest policy, are	a tinar	ncial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records Ealway - 972-941-4556			
	2001 W Plano Parkway Suite 3700 Plano TX 75075			

Form 990 (2020) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)					
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of	
	week (list any	-				T	T	from the	from related organizations	other compensation	
	hours for	Individual trustee or director				D.		organization	(W-2/1099-MISC)	from the	
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	,	organization	
	organizations	al trus	nal trı		loyee	omp				and related	
	below	lividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) Michael Douris	line) 50.00	i E	su	₩	Ş.	, 등 등	윤				
President	30.00	X		X				118,317.	0.	3,550.	
(2) Beth Galway	50.00	Δ		Δ				110,517.	· ·	3,330.	
Board Secretary/Vice President	30.00	1		x				63,810.	0.	1,888.	
(3) Blair Pogue	1.00							03,010.	•	1,000.	
Director	1.00	x						0.	0.	0.	
(4) Bryan Larson	1.00										
Director		x						0.	0.	0.	
(5) Cindy Easley	1.00							-			
Director		Х						0.	0.	0.	
(6) Cobi Porter	1.00										
Director		Х						0.	0.	0.	
(7) Esther Rogers	1.00										
Director		Х						0.	0.	0.	
(8) Joyce Rogge	1.00										
Director		Х						0.	0.	0.	
(9) Luis Argote	1.00							_	_	_	
Director		Х						0.	0.	0.	
(10) Robert Beams	1.00										
Director	1 00	Х						0.	0.	0.	
(11) Sandra Doty	1.00	١							•		
Director	1 00	Х						0.	0.	0.	
(12) Trey Velvin	1.00	٠,,							0	0	
Director	1.00	Х						0.	0.	0.	
(13) Wilson Williams	1.00	X						0.	0.	0	
Director		^						0.	0.	0.	
		1									
		\vdash			_						
		\mathbf{I}									
			\vdash			\vdash					
		1									
		\vdash									
		1									
	1			_			_			- 000	

	990 (2020) Orphan Or	utreach								56-2	623	813	Р	age 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employ						ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c	ss pe	itior more	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	tion amou			
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		fro orga and	pensa om th anizat d relat inizati	e ion ed
1h	Subtotal								182,127.		0.	-	5,4	38.
	Subtotal Total from continuation sheets to Part VI								0.		0.	,	<i>,</i>	0.
	Total (add lines 1b and 1c)								182,127.		0.		5,4	38.
2	Total number of individuals (including but n							no r	eceived more than \$100	0,000 of reportab	le		-	
	compensation from the organization									•				1
													Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	•	-	key e	emp	loye	e, o	r hig	ghest compensated emp	oloyee on		3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J i	for such individual			4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com											5		х
Sec	tion B. Independent Contractors	piete Scriedui	e	01 30	ucii	pers	SOII .			•••••		3		21
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithi	n the organization's tax	year.				
	(A) Name and business	address	N	INC	Ξ				(B) Description of s	ervices	С	(C omper		n

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Ра	rt V	Statement of Revenue				
		Check if Schedule O contains a response or note to ar	ny line in this Part VIII			<u></u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 :	Federated campaigns 1a				
ara our	ı	Membership dues 1b				
s, C Am		Fundraising events 126,59	2.			
Gift lar,		d Related organizations 1d				
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) 1e 160,60	0.			
tior	1	All other contributions, gifts, grants, and				
ibu		similar amounts not included above 1f 5,774,81	.5 •			
do	,	Noncash contributions included in lines 1a-1f				
<u>a C</u>		Total. Add lines 1a-1f	▶ 6,062,007.			
		Business Co	ode			
ce	2 8	a				
Program Service Revenue	ı	o				
n Si	•	:				
ran ?ev	•	d				
rog	•	·				
۵.	1	All other program service revenue				
		Total. Add lines 2a-2f	>			
	3	Investment income (including dividends, interest, and	. 100 600			100 600
		other similar amounts)	122,638.			122,638.
	4	Income from investment of tax-exempt bond proceeds	<u> </u>			
	5	Royalties				
	•	(i) Real (ii) Person	<u>Iai</u>			
		a Gross rents 6a				
		Description of (1999)				
		Rental income or (loss) 6c				
		d Net rental income or (loss) a Gross amount from sales of (i) Securities (ii) Other	P			
	,	assets other than inventory 7a	<u>' </u>			
		Less: cost or other basis				
<u>e</u>	'	and sales expenses				
Revenue		c Gain or (loss) 7c				
3ev		d Net gain or (loss)				
e		a Gross income from fundraising events (not				
Oth		including \$ 126,592. of				
_		contributions reported on line 1c). See				
		Part IV, line 18 8a 108,57	4.			
	ı	Less: direct expenses 8b 56,36				
		Net income or (loss) from fundraising events	▶ 52,206.			52,206.
		a Gross income from gaming activities. See				
		Part IV, line 19				
	ı	Less: direct expenses 9b				
		Net income or (loss) from gaming activities	>			
	10 a	a Gross sales of inventory, less returns				
		and allowances 10a				
	ı	Less: cost of goods sold10b				
		Net income or (loss) from sales of inventory	>			
<u>s</u>		Business Co				
eon	11 :	Miscellaneous Revenue 90009	9 148,088.			148,088.
lan	ı	o				
Miscellaneous Revenue		:			ļ	
Mis		d All other revenue	140 000			
		Total. Add lines 11a-11d	► 148,088. ► 6,384,939.		_	322.932.
	12	Total revenue See instructions	■ 10.304.939.	0.	0.	L 344.93%.

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon-	se or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundráising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	06 660	06 660		
	and domestic governments. See Part IV, line 21	96,668.	96,668.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	2,022,857.	2,022,857.		
4	Benefits paid to or for members	, ,			
5	Compensation of current officers, directors,				
3		187,565.	97,970.	59,128.	30,467.
•	trustees, and key employees	107,303.	51,510.	35,1201	30,407
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	10 714	C 526	1 000	0 050
	persons described in section 4958(c)(3)(B)	10,714.	6,536.	1,928.	2,250. 185,620.
7	Other salaries and wages	842,634.	529,986.	127,028.	185,620.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	26,435.	16,592.	4,038.	5,805.
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
_					
b	Legal				
	Accounting				
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	77,644.			77,644.
13	Office expenses				
14	Information technology				
15	Royalties				
16		83,004.	50,633.	14,940.	17,431.
	Occupancy	32,771.	29,494.	21/3101	3,277.
17	Travel	52,771.	20, 4040		5,277
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				<u> </u>
24	Other expenses. Itemize expenses not covered				
-	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Miscellaneous Expenses	235,411.	46,665.	162,097.	26,649.
d L	Backpack Project	74,881.	74,881.		20,040
	Mission Trips	60,056.	60,056.		
C		51,300.	51,300.		
d	Other Project Expenses	51,300.	51,300.		
е	All other expenses	2 001 010	2 002 626	260 450	240 440
25	Total functional expenses . Add lines 1 through 24e	3,801,940.	3,083,638.	369,159.	349,143.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
02001	12-23-20				Form 990 (2020)

Form 990 (2020) Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,369,873.	1	3,984,014.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	contributor, or 35%				
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	ersons (as defined				
its		under section 4958(f)(1)), and persons descri	bed in se	ection 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	71,980.			
	b	Less: accumulated depreciation	10b	31,978.	39,107.	10c	40,002.
	11	Investments - publicly traded securities		49,153.	11	859,080.	
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	102,800.	15	183,333.		
	16	Total assets. Add lines 1 through 15 (must e	qual line	33)	2,560,933.	16	5,066,429.
	17	Accounts payable and accrued expenses			164,474.	17	86,971.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part I\	of Schedule D		21	
es	22	Loans and other payables to any current or f					
Ħ		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un		F		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-2	4). Complete Part X			
		of Schedule D		·····	164,474.	25	06 071
	26	Total liabilities. Add lines 17 through 25			104,4/4.	26	86,971.
S		Organizations that follow FASB ASC 958, o	check he	ere 🕨 🔼			
ğ		and complete lines 27, 28, 32, and 33.			1,472,171.		2 //0 /16
ala	27				924,288.	27	3,440,416. 1,539,042.
B	28	Net assets with donor restrictions			924,200.	28	1,339,042.
Ξ		Organizations that do not follow FASB ASC	3 958, cr	neck nere			
ō	00	and complete lines 29 through 33.				00	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun				29	
\ss	30	Paid-in or capital surplus, or land, building, or		F		30	
et/	31	Retained earnings, endowment, accumulated		• • • • • • • • • • • • • • • • • • • •	2,396,459.	31	4,979,458.
Z	32	Total net assets or fund balances			2,560,933.	32	5,066,429.
	33	Total liabilities and net assets/fund balances			4,300,333.	33	3,000,423.

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)		6,38					
2	Total expenses (must equal Part IX, column (A), line 25)		3,80 2,58					
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	4,97	9,4	58.			
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization Orphan Outreach 56-2623813 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sed	ction A. Public Support		<u>-</u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3607416.	3904597.	4451235.	5899130.	6062007.	23924385.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	2605416	2004505	4454005	5000100	606000	00004005
	Total. Add lines 1 through 3	3607416.	3904597.	4451235.	5899130.	6062007.	23924385.
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,						045 600
	column (f)						945,682.
	Public support. Subtract line 5 from line 4.						22978703.
	•••	(-) 0040	(1-) 0047	(-) 0040	(-I) 0040	(-) 0000	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2016 3607416.	(b) 2017 3904597.	(c) 2018 4451235.	(d) 2019 5899130.	(e) 2020 6062007	(f) Total 23924385.
	Amounts from line 4	3007410.	37043776	4431233.	3033130.	0002007.	23724303.
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources				12,319.	122,638.	134,957.
۵	Net income from unrelated business				12/3131	111,000	131/33/1
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	242,488.	450,184.	502,249.	417,580.	256,662.	1869163.
11	Total support. Add lines 7 through 10		·				25928505.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for th					01(c)(3)	
	organization, check this box and stop						
Sed	ction C. Computation of Publ						
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11,	column (f))		14	88.62 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	87.55 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	nore, check this b	
	$\ensuremath{\text{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	ū			, , ,		,
	and if the organization meets the fact		•	-	•	VI how the organi	zation
	meets the facts-and-circumstances to	_	•		-		
b	10% -facts-and-circumstances tes	· ·				·	10% or
	more, and if the organization meets the				-		, —
	organization meets the facts-and-circle						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	ns ▶∟

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.)

Galledar year (or fiscal year septiming in) Galledar year (or fiscal	Sec	tion A. Public Support	now, please com	piete Part II.)				
1 Giffs, grants, contributions, and membership feet received. (Do not include any "unusual grants.") 2 Gross eneights from admissions, merchandise acid or services per formed, or facilities turnished in any activity that is related to the organization's trave-empt purpose 3. Gross neceipts from activities that are not an unrelated trade or business under section 513. 4 Tax revenues levide 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's benefit and either paid to or expended on its behalf. 6 Total. Add lines 1 through 5. 7 A mounts included on lines 1, 2, and 3 received from disqualified persons. b invest tenders in lines 2 and 3 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons that second to gratues of 18,000 or 1% of the annual received and annual received annu		· · · · · · · · · · · · · · · · · · ·	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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	4b		
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Par	t IV	Supporting Organizations (continued)			
		, comments of the second of th		Yes	No
11	Has the	organization accepted a gift or contribution from any of the following persons?			
		n who directly or indirectly controls, either alone or together with persons described in lines 11b and			
		ow, the governing body of a supported organization?	11a		
b	A family	member of a person described in line 11a above?	11b		
	-	controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		Part VI.	11c		
		Type I Supporting Organizations			
				Yes	No
1	Did the	governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		pported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		s, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ely operated, supervised, or controlled the organization's activities. If the organization had more than one supported ation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	•	ed 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			
		ation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervis	sed, or controlled the supporting organization.	2		
Sect	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 truste	ees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mana	gement of the supporting organization was vested in the same persons that controlled or managed			
		ported organization(s).	1		
Sect	ion 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			
		ation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		ny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	_	anization maintained a close and continuous working relationship with the supported organization(s).	2		
		on of the relationship described in line 2, above, did the organization's supported organizations have a			
	-	ant voice in the organization's investment policies and in directing the use of the organization's			
		or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•		
		ed organizations played in this regard. Type III Functionally Integrated Supporting Organizations	3		
		he box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).	•		
a		ne organization satisfied the Activities Test. Complete line 2 below.			
b c		ne organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i> ne organization supported a governmental entity. <i>Describe in</i> Part VI <i>how you supported a governmental entity</i> (see <i>in</i>	etructio	ne)	
2		is Crest. Answer lines 2a and 2b below.	Struction	Yes	No
		stantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
		ported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		upported organizations and explain how these activities directly furthered their exempt purposes,			
		organization was responsive to those supported organizations, and how the organization determined			
		se activities constituted substantially all of its activities.	2a		
		activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		nore of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in			
		ctivities but for the organization's involvement.	2b		
		of Supported Organizations. Answer lines 3a and 3b below.			
		organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		s of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		organization evergise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	5
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integra	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	rt V Type III Non-Funct	ionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Secti	tion D - Distributions			•		Current Year
1	Amounts paid to supported orga	anizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity	y that directly furthers exemp	ot purposes of supported			
	organizations, in excess of incor	me from activity			2	
3	Administrative expenses paid to	accomplish exempt purpose	es of supported organization	ıs	3	
4	Amounts paid to acquire exemp	t-use assets			4	
5	Qualified set-aside amounts (prid	or IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in	Part VI). See instructions.			6	
7	Total annual distributions. Add	d lines 1 through 6.			7	
8	Distributions to attentive suppor	rted organizations to which the	ne organization is responsive	Э		
	(provide details in Part VI). See i	nstructions.			8	
9	Distributable amount for 2020 fr	om Section C, line 6			9	
10	Line 8 amount divided by line 9	amount			10	
Secti	tion E - Distribution Allocations	(see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 fr	om Section C, line 6				
2	Underdistributions, if any, for ye	ears prior to 2020 (reason-				
	able cause required - explain in	Part VI). See instructions.				
3	Excess distributions carryover, i	f any, to 2020				
a	From 2015					
b	From 2016					
c	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of	prior years				
h	Applied to 2020 distributable an	nount				
i	Carryover from 2015 not applied	d (see instructions)				
j	Remainder. Subtract lines 3g, 3	h, and 3i from line 3f.				
4	Distributions for 2020 from Sect	ion D,				
	line 7:	\$				
a	Applied to underdistributions of	prior years				
b	Applied to 2020 distributable an	nount				
c	Remainder. Subtract lines 4a an	d 4b from line 4.				
5	Remaining underdistributions fo	r years prior to 2020, if				
	any. Subtract lines 3g and 4a fro	om line 2. For result greater				
	than zero, explain in Part VI. See	e instructions.				
6	Remaining underdistributions fo	r 2020. Subtract lines 3h				
	and 4b from line 1. For result gre	eater than zero, explain in				
	Part VI. See instructions.					
7	Excess distributions carryover	r to 2021. Add lines 3j				
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2016					
b	Excess from 2017					
С	Excess from 2018					

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

Part VI	Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)															
Part	II, S	Sect	ion	В,	Line	10:	1									
Other	inco	ome	inc	lude	s mi	scel	llane	eous	inc	ome	and	gross	incom	e fr	om	
fundr	aisir	ng e	even	ts.												

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

Name of the organization

Employer identification number

Orphan Outreach

Organization type (check one):

56-2623813

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						
• •	ation is covered by the General Rule or a Special Rule . 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							
sections 509 any one conf	pization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under $\theta(a)(1)$ 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 tributor, 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; 90-EZ, line 1. Complete Parts I and II.						
contributor, o	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ducational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering umn (b) instead of the contributor name and address), II, and III.						
year, contrib is checked, e purpose. Do	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 \$\int \text{\text{\text{Signature}}}\$						
but it must answer "N	tion 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), Io" 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 meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization	Employer identification number
Orphan Outreach	56-2623813

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$ <u>393,426.</u>	Person X Payroll
(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
	Hamo, address, and En 11	\$	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.)

Name of organization Employer identification number

Orphan Outreach

56-2623813

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization Employer identification number 56-2623813 Orphan Outreach Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Orphan Outreach

Employer identification number 56-2623813

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other S	Similar Funds o	or Accou	nts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.			
		(a) Donor advise	d funds	(b) Fund	ls and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets he	eld in donor advised	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	ant funds can be us	sed only	
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for ar	ny other purpose co	onferring	
	impermissible private benefit?				Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Ye	s" on Form 990, Pa	rt IV, line 7.	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	_		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically i	mportant land area
	Protection of natural habitat		Preservation of a	certified his	toric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contrib	ution in the form of	a conserva	tion easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not or	a historic structure	e	
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re			rganization	during the tax
	year ▶				
4	Number of states where property subject to conservation ea	sement is located			
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspec	tion, handling of		
	violations, and enforcement of the conservation easements	it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, ar	nd enforcing conse	rvation ease	ements during the year
	>				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation	n easement	ts during the year
	▶ \$				
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requiremen	ts of section 170(h))(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its reve	nue and expense s	tatement an	d
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	financial statemen	its that desc	cribes the
_	organization's accounting for conservation easements.			<u> </u>	
Pai	t III Organizations Maintaining Collections o	•	easures, or Oth	ier Simila	ır Assets.
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 98	,			
	of art, historical treasures, or other similar assets held for pu	,	,	•	oublic
	service, provide in Part XIII the text of the footnote to its fina				
b	If the organization elected, as permitted under FASB ASC 98				
	art, historical treasures, or other similar assets held for public	c exhibition, education, o	r research in furthe	rance of pub	olic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
2	If the organization received or held works of art, historical tre			jain, provide)
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1			> \$	
b	Assets included in Form 990, Part X			> \$	

Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, d	or Othe	er Simil	ar Asse	ts(contii	nued)	. <u> </u>
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	t make s	ignificant	use of its	;		
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how th	ney further t	he organizati	on's exe	mpt purpo	se in Pai	t XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma	intained as part of t	he orga	nization's co	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arrang								line 9, o		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•]
Pai											
	· ·	(a) Current year		rior year	(c) Two year		(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance	(, ,	()	,	(-, ,		(,		(-,		
b	Contributions										
c	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
·	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end halanc	e (line 1	a column (a)) hold ac.				1		
a	Board designated or quasi-endowment	ent year end balanc	%	g, coluitii (a	ajj riciu as.						
a h	Permanent endowment	%	_′0								
0	Term endowment > 9										
C	The percentages on lines 2a, 2b, and 2c shou	-									
20		•	ation the	at are hold a	and administs	rad for t	ho oraani-	ration			
Sa	Are there endowment funds not in the posses	ssion of the organiza	auon in	at are rielu a	ina administe	rea for ti	ne organiz	ation	ı	Vaa	No.
	by:								2-(:)	Yes	No
	(i) Unrelated organizations										
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organizate								. 3b		
Bar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	tunas.							
Pai							l' 40				
	Complete if the organization answered										
	Description of property	(a) Cost or o			or other		ccumulate	ed	(d) Boo	k value	÷
		basis (investr	nent)	basis	(other)	aep	oreciation				
1a	Land										
b	Buildings			4	6 000			_	- 1	<u> </u>	22
С	Leasehold improvements				6,823.		21 0	-		$\frac{6,8}{2}$	
d	Equipment			5	5,157.		31,9	/ Ø •		3,1	<i>1</i> 9.
	Other								-	0 0	~~
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, colur	nn (B), line 1	10c.)				4	0,0	JZ.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.			J
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)	>	
Complete if the organization answered "Yes"	on Form 000 Port IV line	a 11a or 11f Soc Form 000 Port V line 25	
(a) Describition of Baltime	on Form 990, Part IV, line	e The or Th. See Form 990, Part X, line 25.	(b) Book value
(a) Description of liability (1) Federal income taxes			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)	>	
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote	to the organization's financial statements th	nat reports the
organization's liability for uncertain tax positions under	FASB ASC 740. Check I	nere if the text of the footnote has been pro	ovided in Part XIII

Schedule D (Form 990) 2020 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. 6,445,786. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 60,847. **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 60,847. e Add lines 2a through 2d 2e 6,384,939. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 3,862,787. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: 60,847. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses d Other (Describe in Part XIII.) 60,847. e Add lines 2a through 2d 2e 3,801,940. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 3,801,940. 5 Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Orphan Outreach 56-2623813 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? _____X Yes _____No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (f) Total (a) Region (c) Number of (d) Activities conducted in the region émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region Grants to Recipients Central America and Located in Region and the Caribbean Program Services OVC and Family Services 1,086,993. Grants to Recipients Located in Region and OVC and Family Services Sub-Saharan Africa 0 Program Services 435,318. Grants to Recipients Russia and the Newly Located in Region and Independent States 0 Program Services OVC and Family Services 389,557. Grants to Recipients Located in Region and Program Services South Asia 1 OVC and Family Services 210,292. Grants to Recipients Europe 0 Located in Region 58,272. 3 a Subtotal 0 2,180,432. **b** Total from continuation 0. sheets to Part I c Totals (add lines 3a 2,180,432. and 3b)

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

Schedule F (Form 990) 2020

I 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)
		Sub-Saharan						
		Africa	General support	431,752.	Wire	0.		
		Central America						
		and the Caribbean	General support	405,798.	Wire	0.		
		Central America						
		and the Caribbean	General support	574,919.	Wire	0.		
		Europe	General support	58,272.	Wire	0.		
		South Asia	General support	33,350.	Wire	0.		
				, , , , , , , , , , , , , , , , , , ,				
		Gth 3-1-		112 770	77			
		South Asia	General support	113,770.	wire	0.		
		South Asia	General support	11,381.	Wire	0.		
		South Asia	General support	12,766.	 Wire	0.		

3 Enter total number of other organizations or entities .

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

Part III can be duplicated if additional space is needed

Part III can be duplicated if	additional space is neede	d.					
(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)
Graduate & orphanage	Russia and the Newly Independent						
assistance	States	3	268,576.	Wire	0.		
Graduate assistance	Russia and the Newly Independent States	1	112,273.	Wire	0.		
Graduate assistance	States	1	112,2/3.	wire	0.		
							I. I. E (Farms 000) 0000

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) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may 2 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 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," 3 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) 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) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 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) 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If

Instructions for Form 5713; don't file with Form 990)

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 Part V | Supplemental Information

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

Part I, Line 2:

The Organization makes grants almost exclusively to foreign nongovernmental organizations (NGOs) that were originally set up by the Organization or with organizations and individuals with whom the Organization has a longstanding relationship. The Organization maintains close relationships with and oversight of its grantees. The Organization performs a pre-grant inquiry regarding the activities and reputation of the individual grantees and leaders of its grantee organizations, including periodic searches of federal databases to ensure that the grantee and its principals are not listed as having a connection with The Organization has written agreements with its grantees, and receives periodic reports from the grantees regarding the expenditure of granted funds. The Organization also conducts periodic physical inspections of the grantee's site and activities to ensure that the funds granted are used for their intended purposes.

Part I, line 3:

using	the	accrual	method	of	accounting.

The expenditures reported in Part I, Line 3, column (f) are reported

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization	_						ntification number
	Outreach					56-2623	
Fundraising Activities required to complete this part	 Complete if the organization answer t. 	ered "Y	'es" oı	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	Z filers are not
 1 Indicate whether the organization rail a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e Solicitar f Solicitar g Special or oral agreement with any individual Part VII) or entity in connection with position or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	☐ Yes	
(i) Name and address of individual or entity (fundraiser) (ii) Activity		or cor	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			.				
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from re	egistration
							-

ər			ne organization answered			
er		of fundraising event contributions and g				ots greater than \$5,000.
er			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
ē			WOW Luncheon		None	(add col. (a) through
ēΙ			- Dallas	- Houston		col. (c))
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	163,870.	71,296.		235,166.
	2	Less: Contributions	64,582.	62,010.		126,592.
	3	Gross income (line 1 minus line 2)	99,288.	9,286.		108,574.
	4	Cash prizes				
Se	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	45 65 6	8,709.		56,368.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		>	56,368.
	11	Net income summary. Subtract line 10 from				52,206.
Pa	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or r	reported more than	
		ψ10,000 0111 0111 000 <u>LL</u> , iiile ca.	() D:	(b) Pull tabs/instant	() () ()	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
<u>m</u>	1	Gross revenue				
ses	2	Cash prizes				
=xpenses		Cash prizes Noncash prizes				
Direct Expenses	3					
Direct Expenses	3	Noncash prizes				
Direct Expenses	3 4 5	Noncash prizes Rent/facility costs	Yes%	Yes%	Yes % No	
Direct Expenses	3 4 5	Noncash prizes Rent/facility costs Other direct expenses	Yes %		No No	
Direct Expenses	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No h 5 in column (d)	No No	No P	
Direct Expenses	3 4 5	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No h 5 in column (d)	No No	No P	
	3 4 5 6 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the summary income summary. Subtract line in the summary income summary.	Yes % No h 5 in column (d) 7 from line 1, column (d)	No No	No P	
9	3 4 5 6 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line ter the state(s) in which the organization conditions.	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	No No	No • • • • • • • • • • • • • • • • • • •	Yes No
9 a	3 4 5 6 7 8 Entils t	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the summary income summary. Subtract line in the summary income summary.	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	No No	No • • • • • • • • • • • • • • • • • • •	Yes No
9 a	3 4 5 6 7 8 Entils t	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line ter the state(s) in which the organization conduct gaming a	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	No No	No • • • • • • • • • • • • • • • • • • •	Yes No
9 a b	3 4 5 6 7 8 Entitle If "	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line ter the state(s) in which the organization conduct gaming a	Yes% No th 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these	states?	No ►	

Sch	edule G (Form 990 or 990-EZ) 2020 Orphan Outreach 56-2	2623	813	Page 3
	Does the organization conduct gaming activities with nonmembers?	_	Yes	No
	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?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆	Yes	□ No
	of If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\bigs\bigs\bigs\bigs\bigs\bigs\bigs			
	Name ▶			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990 or 990-EZ)	Orphan Outreach	56-2623813 Page 4
Part IV	Supplemental Info	Orphan Outreach mation (continued)	

SCHEDULE I (Form 990)

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

2020

ZUZU

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Open to Public Inspection

Employer identification number Name of the organization 56-2623813 Orphan Outreach General Information on Grants and Assistance Part I 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, noncash assistance or government (if applicable) cash grant non-cash or assistance FMV, appraisal, assistance other) AAC Adoption P.O. Box W Berthoud, CO 80513 84-1247798 501(c)(3) 5,000 Adoption Grant 0 Foreign operations -Fire International general support of 6509 Hudspeth Rd. Central America and the Harrisburg, NC 28075 501(c)(3) Caribbean 59-3563742 23,797. Foreign operations -Love the Child general support of 8553 N Beach St. Central America and the Fort Worth, TX 76244 20-1186353 501(c)(3) 18,521 0 Caribbean 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

0.

Part III can be duplicated if additional space is needed.	1				
(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 noncash assistance
	·				
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	n (b); and any other a	dditional information.	
Part I, Line 2:					
The Organization only makes domest	cic grant	s to 501(c	e)(3) tax-e	xempt	
organizations whose exempt purpose	es are in	furtheran	nce of thos	e of the	
Organization; therefore, no additi	onal mon	itoring of	granted f	unds is	
considered necessary.					
<u></u>					

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of th	ne organization O	rphan	Ou	treach						-	ident 238		on nu	ımber
Part I	Excess Bene	fit Transa	octio	ons (section 5	01(c)(3), sect	ion 501(c)(4), and se	ection 501(c)(29) orga	anizati	ions o	nly).			
	Complete if the c	organization	answ	vered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25b	o, or Form 990-EZ, P	art V,	line 40	Db.			
1 (a) Na	me of disqualified p	nerson	(b) R	Relationship bet			lified	(c) Description of transaction				(d)	Corre	cted?
(a) Na	The or disqualified p)C13011		person and o	rganiza	ation	,,	by Description of train	Sactio	,,,		Y	es	No
												_		
												-	- 	
													-	
2 Enter	the amount of tax i	ncurred by t	he or	rganization mar	nagers	or dis	qualified persons du	ring the year under				_		
sectio	on 4958						· · · · · · · · · · · · · · · · · · ·			> \$				
3 Enter							ganization			> \$				
Part II	Loans to and	d/or From	Into	erested Per	sons	•								
	•	ū					', Part V, line 38a or f	Form 990, Part IV, lin	ie 26;	or if th	ne orga	anizati	on	
	reported an amo	1			-						/h\ Δn	nroved	14	
	a) Name of ested person	(b) Relations with organiza		(c) Purpose of loan	fron	an to or	(e) Original principal amount	(f) Balance due) In ault?	by bo	proved ard or	(i) V lagree	/ritten ement?
111101	cotoa percon	With organiza		or loan		zation?	principal arricant				comm			
			-		То	From			Yes	No	Yes	No	Yes	No
														
Total	Cuanta au Aa		D	ofition Into		4 Da	> \$							
Part III	Grants or As			_										
(a) N	Complete if the clame of interested p						(c) Amount of	(d) Type	of		10) Purp	000.0	f
(a) N	iame of interested p	Derson	(b) Relationship interested pers			assistance	assistan			•) Purp assista		1
				the organiza		_								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2020

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
Maylie Epting	Daughter-in-law of	10,714.	Employment		Х	
Part V Supplemental Information. Provide additional information for re	sponses to questions on Schedule L (see	instructions).			<u> </u>	
Sch L, Part IV, Business			ed Persons	ł		
(a) Name of Person: Hayl:	ie Epting					
(b) Relationship Between	Interested Person and	d Organizat	cion:			
Daughter-in-law of Sandra	a Doty, board member					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

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.

Name of the organization Orphan Outreach Employer identification number 56-2623813

Par	t I	Types	of Property							
				(a) Check if	(b) Number of contributions or	(c) Noncash contributior amounts reported or			•	
				applicable		Form 990, Part VIII, line		ition ar	nount	S
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	2	184,66	5.FMV			
10	Securities - Closely held stock					·				
11			rtnership, LLC, or							
• •	trust interests									
12		Securities - Miscellaneous								
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22										
23	Historical artifacts Scientific specimens									
24	Archeological artifacts									
2 5		er 🕨 (' \							
26		er 🕨 (,							
27		er 🕨 ()							
28		er 🕨 (,							
<u>20</u> 29			ms 8283 received by the organi	I ization durin	n the tay year for c	ontributions				
25	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29								0	
	10. Willow the organization completed form 0200, fair v, bolice Admiowicagement								Yes	No
30a	Durir	na the vea	r did the organization receive h	v contributio	on any property rer	oorted in Part I lines 1 th	arough 28 that it		103	140
ooa	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for									
exempt purposes for the entire holding period?								30a		Х
h		If "Yes," describe the arrangement in Part II.						JJa		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?									X
	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							31		
JŁa		ributions?	·		-	· · ·		32a		Х
h								SZa		
33	If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,									
55		describe in Part II.								

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

Schedule M (Form 990) 2020

SCHEDULE O

Internal Revenue Service

(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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

Orphan Outreach

Employer identification number 56-2623813

Form 990, Part I, Line 1, Description of Organization Mission: in Kenya, Guatemala, Honduras, Russia, India, Ukraine, Latvia, and Nepal.

Form 990, Part VI, Section B, line 11b:

The Organization's top management official and top financial official each review the Form 990 prior to its filing with the IRS. A copy of the final Form 990 is also provided to the voting members of the Organization's governing body prior to its filing with the IRS.

Form 990, Part VI, Section B, Line 12c:

The Organization's conflict of interest policy is distributed to each member of the Organization's governing body, its officers and its key employees on an annual basis. Each such individual provides an annual disclosure statement indicating that they have received, read, understood and agreed to comply with the policy, certifying that: (1) they have no relationships or interests that present a conflict of interest, (2) they have one or more conflicts of interest that have been fully disclosed as required by the policy and have been properly administered in conformity with the policy, or (3) they have previously undisclosed conflicts of interest and disclosing the details of such conflicts. Any disclosure statements with previously undisclosed conflicts of interest are forwarded to appropriate Organization officials to take appropriate actions as required by the policy.

Name of the organization **Employer identification number** Orphan Outreach 56-2623813 The Organization has adopted an executive compensation-setting policy applicable to all of the Organization's key executives, including the Organization's CEO, officers and key employees. Under the policy, an independent committee of the Board of Directors annually reviews and approves the compensation levels of all individuals subject to the policy. The deliberations and decisions of the committee are contemporaneously substantiated. The committee utilizes comparability data in its deliberations; updated comparability data is generally obtained every two to three years. Form 990, Part VI, Section C, Line 19: The Organization provides, upon request, copies of its Articles of Incorporation, bylaws, conflict of interest policy, and its financial statements. Form 990, Part XII, Line 2c The Organization's Board of Directors, or a committee thereof, assumes responsibility for the oversight of the audit of its financial statements and the selection of an independent accountant. process has not changed from the prior year.