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For the tax year ended: December 31, 2023

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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.

OMB No. 1545-0047

Inspection

Department of the Treasury

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

and ending A For the 2023 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change Orphan Outreach Name change 56-2623813 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 972-941-4440 2001 W Plano Parkway, Suite 3700 termin-ated 6,008,939. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended Plano, TX 75075 H(a) Is this a group return Applica-F Name and address of principal officer: Rey Diaz Yes X No for subordinates? pending same as C above H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 527 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions www.orphanoutreach.org J Website: H(c) Group exemption number K Form of organization: X Corporation Association Other L Year of formation: 2007 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities: The establishment of Christian Activities & Governance based programs to improve the lives of orphans and children at risk Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 Number of voting members of the governing body (Part VI, line 1a) <u>10</u> Number of independent voting members of the governing body (Part VI, line 1b) 28 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) <u>313</u> 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Current Year** 4,674,261. 5,249,070. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 64,080. 169,869. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 57,721. 157,535. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,576,474. 4,796,062. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,218,796. 2,817,721. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,552,083. 1,335,216. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,152,248. 1,543,200. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,706,260. 5,913,004. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -910,198. -336,530. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 4,941,410. 4,595,726. 20 Total assets (Part X, line 16) 132,2<u>48.</u> 128,390. 21 Total liabilities (Part X, line 26) Net/ 4,813,020. 4,463,478. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has anv knowledge. Signature of officer Date Sign Rey Diaz, President Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Michel M Wales Paid Michele M. Wales 10/08/24 P00428093 Firm's EIN 20-4193611 Batts Morrison Wales & Lee, P.A. Preparer Firm's name Use Only Firm's address 801 North Orange Avenue, Suite 800 Phone no. 407 - 770 - 6000Orlando, FL 32801 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 4,906,440. including grants of \$ 2,817,721.) (Revenue \$ 0.) Orphan Outreach is a global Christian ministry that believes every
	orphaned and vulnerable child should receive the support they need to
	have a fulfilling, independent life in their community. The
	Organization provides holistic care, promotes family, prepares young
	adults for independence, and protects the rights of children. The
	Organization provides support and services in Guatemala, Honduras,
	India, Kenya, Latvia, Nepal, Russia, Ukraine, and the United States.
	During 2023, the Organization had projects in Eastern Europe (served
	6,693 individuals in 2023), Latin America (served 2,821 individuals in
	2023), Asia (served 938 individuals in 2023), Kenya (served 4,606
	individuals in 2023), and United States (served 4,075 individuals in
	2023).
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ Librarias / Instituting grains of / Institution / Instit
4c	(Code:) (Expenses \$
	Other program convices (Describe on Schodule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 4,906,440.
10	Form 990 (2023)

Form 990 (2023) 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)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Α	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	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,		Х	
L	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	Λ	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
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		v	
	Schedule D, Parts XI and XII	12a	Х	
р	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	40h		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ITU		
_	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	Х	
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,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?If "Yes,"	10	-22	
13	complete Schedule G, Part III	19		x
20a	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2023) 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			.,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			3,7
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3,7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			3,7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			1,7
	"Yes," complete Schedule L, Part IV	28a	37	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	├
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/ff			- V
	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			₩
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			₩
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			₩
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	0.4		x
25-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	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?	26		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
38	N. A. A. E. COO. C. L. C. L. L. L. L. C. L. L. L. C. L. L. L. C. L. L. L. C. L. L. L. C. L.	38	х	
Pai		_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
	E. E. C. Contouring a copolition of floto to dirty into its title t dirt v		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			1.40
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
٠	(gambling) winnings to prize winners?	1c	х	

023) 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	28		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	I		Х	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Λ	
D	If "Yes," enter the name of the foreign country Russia, Ukraine See instructions for filing requirements for Fig. CFN Form 114, Papert of Foreign Reply and Financial Accounts (FRA)				
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF		5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	T	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	Ī	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization				
-	any contributions that were not tax deductible as charitable contributions?	I	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to	to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7c		_X_
	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	· · · · · · · · · · · · · · · · · · ·	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	· · · · · · · · · · · · · · · · · · ·	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re	T	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Forr	n 1098-C? 	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		-		
	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	· · · · · · · · · · · · · · · · · · ·	9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
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				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	-	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.		ISa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
_	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand 13c				
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				37
16	•		16		X
. –	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities		47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	n res, complete i dilli duos.				

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:		77	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			3,7
	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.)			<u></u>
40-	Diddle annuaisation have been been been been been been sufficient.	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10h		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Па	71	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website 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	ıd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Sonya Larkins - 972-941-4556 2001 W Plano Parkway Suite 3700 Plano TX 75075			

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

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

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

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

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l	<u> </u>		C)	тро	nou	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list anv	ctor						the	organizations	compensation
	hours for	or dire	au			ted		organization	(W-2/1099-MISC/	from the
	related	stee	truste		ao	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Rey Diaz	50.00									
President				Х				126,589.	0.	13,688.
(2) Amy Seale	50.00									
Board Secretary, Vice President				Х				102,604.	0.	15,710.
(3) Amy Norton	50.00									
SVP of Strategic Partnerships						Х		104,429.	0.	6,266.
(4) Mike Douris	20.00	ļ						50.000		•
Director, Consultant (began 11/23)	1 00	Х						78,000.	0.	0.
(5) Bryan Larson	1.00	١								0
Director	1 00	Х						0.	0.	0.
(6) Cindy Easley	1.00	٠,,							0	0
Director	1 00	Х						0.	0.	0.
(7) Cobi Porter	1.00	X						0.	0.	0
Board Chair (8) Craig DioGivanni	1.00	^						0.	0.	0.
Director	1.00	X						0.	0.	0.
(9) Esther Rogers	1.00							0.	0.	<u> </u>
Director (end 11/23)	1.00	x						0.	0.	0.
(10) Glen Brechner	1.00									
Director		x						0.	0.	0.
(11) Joyce Rogge	1.00							•	•	
Director		Х						0.	0.	0.
(12) Robert Beams	1.00									
Director (end 11/23)		Х						0.	0.	0.
(13) Sandra Doty	1.00									
Board Vice Chair		Х						0.	0.	0.
(14) Wilson Williams	1.00									
Director		Х						0.	0.	0.
(15) Blair Pogue	1.00									
Director (began 11/23)		Х						0.	0.	0.
		-								
		L		L		L	L			
										- 000

Page 8

Section A. Officers, Directors, To	rustees, Key Em	ploy	/ees			ighe	st C	Compensated Employe	es(continued)				
(A)	(B)	(C) Position		(D)	(E)			(F)					
Name and title	Average	(do) than (one	Reportable	Reportable	e	Es	stimate	ed
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation		ar	nount	of
	week (list any	├	l a		1	1	I	from	from relate			other	
	hours for	lirect				L		the	organizatior (W-2/1099-MI			pensa om th	
	related	e or c	tee			sated		organization (W-2/1099-MISC/	1099-NEC			anizat	
	organizations	truste	al trus		ee/	m per		1099-NEC)	10001120	<i>'</i>	_ ~	d relat	
	below	Individual trustee or director	Institutional trustee	<u>ا</u>	Key employee	stco	-e					anizati	
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former						
		1											
		<u>l</u>											
		L											
		L											
		$oxdapsymbol{oxed}$											
		╙											
		-											
		▙											
		-											
		⊢											
		-											
		<u> </u>						411,622.		0.	2	5,6	<u> </u>
1b Subtotal								0.		0.	٦	5,0	0.
c Total from continuation sheets to Part								411,622.		0.	3	5,6	
d Total (add lines 1b and 1c)								<u> </u>	000 of war artal	-		J, 0	04.
2 Total number of individuals (including bu	it not iimitea to ti	iose	HSL	eu a	VOO	e) wi	101	eceived more than \$100	,000 or reportar	ыe			3
compensation from the organization												Yes	No
3 Did the organization list any former office	er director trust	-00	kov e	mn	love	ae 01	r hic	nhest compensated emr	Novee on				
line 1a? If "Yes," complete Schedule J fo			•		•		_	•	•		3		х
4 For any individual listed on line 1a, is the											Ŭ		
and related organizations greater than \$	•		•					•	trio organization	'	4		х
5 Did any person listed on line 1a receive									idual for service	s			
rendered to the organization? If "Yes," c											5		Х
Section B. Independent Contractors	•												
1 Complete this table for your five highest	compensated in	dep	ende	nt c	ontr	racto	ors t	hat received more than	\$100,000 of cor	npens	ation	from	
the organization. Report compensation													
(A)								(B)			((C)	
Name and busine	ess address	N	INC	3				Description of s	ervices	С	ompe	nsatio	n
										1			
2. Total number of independent control	o (in alcudina de la la la		m:+-	ما ا	th:	06 1		d about of the management of	novo thor				
 Total number of independent contractor \$100,000 of compensation from the org 		iOt II	11116	u 10		se II: 0	stec	abovej who received n	iore irian				

Pa	rt V	<u> </u>	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lir				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b c f d f g h	Noncash contributions included in lines 1a-1f	433,496. 815,574. 612,429.	5,249,070.			
<u> </u>		''	Total. Add lines 1a-1f	Business Code	3,243,070.			
Program Service Revenue		b _ c _ d _ e _	All other program service revenue					
	3		Investment income (including dividends, intere	est, and	160 060			160 060
	4 5	I	other similar amounts) Income from investment of tax-exempt bond p	oroceeds	169,869.			169,869.
	5	,	Royalties(i) Real	(ii) Personal				
		b l	Gross rents Less: rental expenses Rental income or (loss) 6a 6b 6c					
			Net rental income or (loss)	(ii) Othor				
	1		Gross amount from sales of assets other than inventory 7a (i) Securities	(ii) Other				
Revenue		b l	Less: cost or other basis and sales expenses					
r Re			Net gain or (loss)					
Othe		i (583,263. 432,465.				
					150,798.			150,798.
		а (Gross income from gaming activities. See Part IV, line 19 9a					
			Less: direct expenses 9b					
		а (Net income or (loss) from gaming activities Gross sales of inventory, less returns					
		b l	and allowances 10a Less: cost of goods sold 10b Net income or (loss) from sales of inventory)				
<u>,</u>		<u> </u>		Business Code				
Miscellaneous Revenue		a] b	Miscellaneous Revenue	900099	6,737.			6,737.
eve		c -						
Misc		d /	All other revenue					
			Total. Add lines 11a-11d		6,737.			207 404
	12		Total revenue. See instructions		5,576,474.	0.	0.	327,404.

Form 990 (2023) Orphan Outreach 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 general expenses	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
'	-	120,814.	120,814.		
_	and domestic governments. See Part IV, line 21	140,014.	140,014.		
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	0 606 005	0 606 00=		
	individuals. See Part IV, lines 15 and 16	2,696,907.	2,696,907.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	326,524.	205,902.	80,917.	39,705.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,032,266.	634,270.	166,881.	231,115.
8	Pension plan accruals and contributions (include	-	-	•	·
-	section 401(k) and 403(b) employer contributions)	21,419.	14,011.	2,846.	4.562.
9	Other employee benefits	69,028.	44,344.	10,218.	4,562. 14,466.
10		102,846.	63,765.	18,512.	20,569.
	Payroll taxes	102,010	05,705.	10,012.	20,505
11	Fees for services (nonemployees):				
	Management				
b	Legal				
	Accounting				
d	, o F				
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 0.)				
12	Advertising and promotion	62,909.		15,727.	47,182.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	84,352.	52,299.	15,183.	16,870.
17	Travel	126,347.	73,281.	10,108.	42,958.
18	Payments of travel or entertainment expenses	-	-	•	·
.5	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	,, , , <u> </u>				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	720 000	720 000		
а	Other Project Expenses	738,980.	738,980.	026 047	20 600
b	Miscellaneous Expenses	380,248.	111,503.	236,047.	32,698.
С	Backpack Project	106,867.	106,867.		
d	Mission Trips	43,497.	43,497.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,913,004.	4,906,440.	556,439.	450,125.
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)				
	0. 12-21-23				Form 990 (2023)

Form 990 (2023) Part X Balance Sheet

Pai	IL A	balance Sheet					
		Check if Schedule O contains a response or r	ote to an	y line in this Part X			<u></u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,758,161.	1	2,778,500.
	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 current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	rsons (as defined				
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	B				9	345,056.
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a	177,354.			
	b	Less: accumulated depreciation	10b	61,693.	127,731.	10c	115,661.
	11	Investments - publicly traded securities		1,945,328.	11	1,306,045.	
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	110,190.	15	50,464.		
	16	Total assets. Add lines 1 through 15 (must ed	•		4,941,410.	16	4,595,726.
	17	Accounts payable and accrued expenses			128,390.	17	132,248.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
<u>ia</u>		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela	-	-		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	nes 17-24)). Complete Part X			
		of Schedule D			128,390.	25	132,248.
	26	Total liabilities. Add lines 17 through 25		77	120,390.	26	134,240.
es		Organizations that follow FASB ASC 958, c	neck ner	e 🕰			
Š	07	and complete lines 27, 28, 32, and 33.			3,546,065.	07	3,330,870.
3ale	27	Net assets without donor restrictions			1,266,955.	27 28	1,132,608.
β	28	Net assets with donor restrictions			1,200,555	20	1,132,000.
Ψ		Organizations that do not follow FASB ASC	, 956, CHE	eck nere			
ō	29	and complete lines 29 through 33. Capital stock or trust principal, or current fund	de			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
٩ss	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,813,020.	32	4,463,478.
2	33	Total liabilities and net assets/fund balances		4,941,410.	33	4,595,726.	
	J	TOTAL HADIILIES AND HEL ASSELS/TUND DAIMINES			1,711,410.	33	1,000,1200

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,57 5,91	6,4	<u>74.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3	-33					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,81					
5	Net unrealized gains (losses) on investments	5	-1	3,0	12.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	4,46	3,4	78.			
Pa	rt XII Financial Statements and Reporting	•						
	Check if Schedule O contains a response or note to any line in this Part XII				X			
	•			Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х			
	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:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public

Employer identification number

OMB No. 1545-0047

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

Inspection

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).) 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 on 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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 g 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 your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5899130.	6062007.	4981837.	4674260.	5249070.	26866304.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5899130.	6062007.	4981837.	4674260.	5249070.	26866304.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1203461.
6	Public support. Subtract line 5 from line 4.						25662843.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	5899130.	6062007.	4981837.	4674260.	5249070.	26866304.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	12,319.	122,638.	233,867.	64,080.	169,869.	602,773.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	417,580.	256,662.	254,450.	466,654.	590,000.	1985346.
11	Total support. Add lines 7 through 10						29454423.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop	here					<u></u>
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I					14	87.13 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	88.33 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies						
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	r e. Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances te	~					
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicl	y supported organ	ization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and 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.)

<u>Sec</u>	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						•
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6		, ,	, ,	, ,		,,
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
Sec	tion C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), o	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	tion D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box as	nd stop here. The	organization qual	fies as a publicly	supported organiz	ation	
	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.)

	Yes	No
1		
2		
За		
3b		
3c		
30		
4a		
4b		
4c		
_		
5a		
5b		
5c		
6		
0		
7		
8		
9a		
34		
9b		
9c		
10a		
134		
10b		
lule A (Forr	n 990	2023

Par	t IV	Supporting Organizations (continued)			<u> </u>
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
		on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	•	elow, the governing body of a supported organization?	11a		
b		ly member of a person described on line 11a above?	11b		
		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
•		n Part VI.	11c		
Sect		. Type I Supporting Organizations			
		<i>y</i> • •		Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	•	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		e organization operate for the benefit of any supported organization other than the supported	-		
		zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		ised, or controlled the supporting organization.	2		
		. Type II Supporting Organizations			
		,		Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		oported organization(s).	1		
Sect	ion D	. All Type III Supporting Organizations			
				Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (i	i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	son of the relationship described on line 2, above, did the organization's supported organizations have a			
	signific	cant voice in the organization's investment policies and in directing the use of the organization's			
	income	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
Sect	ion E	. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions).			
а	<u> </u>	The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activiti	ies Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	e organization was responsive to those supported organizations, and how the organization determined			
	that th	ese activities constituted substantially all of its activities.	2a		
b	Did the	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	I the reasons for the organization's position that its supported organization(s) would have engaged in			
	these a	activities but for the organization's involvement.	2b		
3	Parent	of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustee	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations mus	t 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	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other 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-functional	lly integra	ted Type III supporting org	anization (see			

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)					
Secti	ction D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exe		1						
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	ns	3						
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior 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 lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which to	he organization is responsive	е						
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2023 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
		(i)	(ii)		(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ıs	Distributable Amount for 2023				
1	Distributable amount for 2023 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2023 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2023								
а	From 2018								
b	From 2019								
С	From 2020								
d	From 2021								
е	From 2022								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2023 distributable amount								
i	Carryover from 2018 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2023 from Section D,								
	line 7: \$								
а	Applied to underdistributions of prior years								
b	Applied to 2023 distributable amount								
С	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2023, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2023. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2024. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а	Excess from 2019								
b	Excess from 2020								
С	Excess from 2021								
d	Excess from 2022								
е	Excess from 2023								

Schedule A (Form 990) 2023

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	art II, Section B, Line 10:									
Other	income	includes	s miscellar	neous i	.ncome	and g	gross	income	from	
fundr	aising (events.								
										_
										_
										_
										_
										_
										_
										_
										_

Schedule B

(Form 990)

Schedule of Contributors

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schedule B (Form 990) (2023)

OMB No. 1545-0047

Orphan Outreach 56-2623813						
Organization type (ch	neck one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Charle if your average	this is account by the Consul Bule and Consid Bule					
	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 R	ule. See instructions.				
General Rule						
	ization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalinm any one contributor. Complete Parts I and II. See instructions for determining a contributor					
Special Rules						
sections 509 contributor,	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
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\$					
answer "No" on Part I	tion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-Plate filing requirements of Schedule B (Form 990).					

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

Name of organization Employer identification number

Orphan Outreach

Part I	rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1			Person X Payroll Noncash X (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2			Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4			Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5			Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
323452 12-26		\$122,762.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization Employer identification number

Orphan Outreach

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$150,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-26		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Orphan Outreach

Part II	Noncash Property (see instructions). Use duplicate copies of P	art 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
	Publicly traded securities		
1			
		<u> </u>	09/06/23
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I	Furniture		
7	rainicare		
		\$\$	06/08/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-		

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

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line			·
		(a) Donor advised fund	ds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	-		
	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad			•
	for charitable purposes and not for the benefit of the donor or	· · · · · · · · · · · · · · · · · · ·		
	impermissible private benefit?			
Pa			Form 990, Part I\	/, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat			orically important land area
	Protection of natural habitat	L Pres	servation of a cert	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution	in the form of a c	conservation easement on the last Held at the End of the Tax Yea
	day 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 stru			2c
d	Number of conservation easements included on line 2c acqui	• • • •		
_	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or termin	nated by the orga	nization during the tax
_	year			
4	Number of states where property subject to conservation eas		 -	
5	Does the organization have a written policy regarding the peri			
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and en	forcing conservat	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing	na conservation e	easements during the year
•	Amount of expenses mounted in morntoning, inspecting, name	ing or violations, and emorein	ig conscivation c	asements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of se	ection 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
_	balance sheet, and include, if applicable, the text of the footn		•	
	organization's accounting for conservation easements.	ore to ane organization of infair		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasur	es, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue	statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describe	s these items.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue stat	ement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.	•		•
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea			
_	the following amounts required to be reported under FASB AS			· ·
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990. Part X			\$

Part VI Land, Buildings, and Equipment

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

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

	complete in the organization and recommendation of the control of								
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value					
1a Land									
b Buildings		93,400.	7,925.	85,475.					
c Leasehold improvements		17,658.	17,226.	432.					
d Equipment		66,296.	36,542.	29,754.					
e Other									
Total. Add lines 1a through 1e. (Column (d) must equa	115,661.								

Schedule D (Form 990) 2023

Part VII Investments - Other Securities	5 000 D 1 N 1	111 0 5 000 5 17 1 10	- rage e
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 mark	tet 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, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			_
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year mark	cet value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
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) Boo	k value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	l. (B))		
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
1. (a) Description of liability		(b) Boo	k value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)		+	
(7)		+	
(8)		+	
(9) Total. (Column (b) must equal Form 990, Part X, line 25, co	/ (R))	+	
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under			

	dule D (Form 990) 2023 Orphan Outreach				2623813 Page 4
Par	·		Revenue per Re	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, I			1 4 1	5,601,516.
1	Total revenue, gains, and other support per audited financial statements			1	3,001,310.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ما	-13,012.		
	Net unrealized gains (losses) on investments		38,054.	-	
	Donated services and use of facilities		30,034.	-	
C	Recoveries of prior year grants			-	
	Other (Describe in Part XIII.)				25,042.
	Add lines 2a through 2d			2e 3	5,576,474
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	3,370,474
4		ا مه ا			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.) Add lines 4a and 4b	•		1	0.
_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			4c 5	5,576,474.
	t XII Reconciliation of Expenses per Audited Financial St			_	
	Complete if the organization answered "Yes" on Form 990, Part IV, I		Expended per	···otai	••
1	Total expenses and losses per audited financial statements			1	5,951,058.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				.,,
	Donated services and use of facilities	2a	38,054.		
b	Prior year adjustments	·····	·	-	
	Other losses			-	
	Other (Describe in Part XIII.)			-	
	Add lines 2a through 2d			2e	38,054.
3	Subtract line 2e from line 1			3	5,913,004.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b	•		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	5,913,004.
	t XIII Supplemental Information	,			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			4; Part	X, line 2; Part XI,

Schedule D (Form 990) 2023

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047
2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Orphan Outreach

Part I General Info	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered '	'Yes" on		
Form 990, Part IV	/, line 14b.						
1 For grantmakers. Does							
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No							
<u> </u>	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance ou	tside the		
United States.							
·			an be duplicated if additional space is	· · · · · · · · · · · · · · · · · · ·	1 (0 =		
(a) Region	(b) Number of offices	èmplovees.	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	(e) If activity listed in (d) is a program service,	(f) Total expenditures		
	in the region	agents and	gram services, investments, grants to		for and		
		contractors	recipients located in the region)	of service(s) in the region	investments in the region		
		in the region	-	-	in the region		
Central America and			Grants to Recipients				
the Caribbean	0	1	Located in Region		1,158,217.		
- CHC CALIDDCAN	,		Located in Region		1,130,217.		
Central America and							
the Caribbean	0	0	Program Services	OVC and Family Services	491,785.		
				-			
			Grants to Recipients				
Europe	0	0	Located in Region		174,146.		
Europe	0	0	Program Services	OVC and Family Services	53,835.		
Russia and the Newly			Grants to Recipients				
Independent States	0	1	Located in Region		452,832.		
Court 3-1-		1	Grants to Recipients		210 022		
South Asia	0	1	Located in Region		210,022.		
South Asia	0	n	Program Services	OVC and Family Services	130,415.		
			liogiam bervieeb	ove and ramily believes	130,113.		
			Grants to Recipients				
Sub-Saharan Africa	0		Located in Region		701,690.		
3 a Subtotal	0	3			3,372,942.		
b Total from continuation					1		
sheets to Part I	0	0			12,252.		
c Totals (add lines 3a					<u> </u>		
and 3b)	0	3			3,385,194.		

Schedule F (Form 990)	Or phan o			30-202301	. J Page 1
Part I Continuation	n of Activitie	s per Regior	• (Schedule F (Form 990), Part I, line 3	3)	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Program Services	OVC and Family Services	12,252.
Totals					12,252.

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

1 (a) Name of organization	(b) 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)
		Central America						
		and the Caribbean	General support	649,941.	.Wire	0.		
		Central America						
		and the Caribbean	General support	508,276.	,Wire	0.		
		Europe	General support	138,507.	.Wire	0.		
		South Asia	General support	47,300.	, Wire	0.		
				, , , , , , , , , , , , , , , , , , ,				
		South Asia	General support	80,097.	Wire	0.		
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		South Asia	General support	32,632.	Wire	0.		
		boden Asia	General support	32,032.	WILE	0.		
				00.05:	<u></u>			
		South Asia	General support	20,274.	,wire	0.		
		Sub-Saharan						
		Africa	General support	701,690.	.Wire	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

8

Page 2

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

Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (b) Region (a) Type of grant or assistance recipients cash grant cash disbursement noncash noncash assistance assistance Russia and the Graduate & orphanage Newly Independent 343,070.Wire assistance States 3,986 0.

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

Schedule F (Form 990) 2023

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 terrorism. 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 (Form 990)

Department of the Treasury

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

Employer identification number

2023

Open to Public Inspection

Internal Revenue Service

Name of the organization

Orphan Outreach 56-2623813 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а е b Internet and email solicitations f Solicitation of government grants Phone solicitations С Special fundraising events q In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines I and 60. List	events with gross receip	ots greater than \$5,000.					
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events					
			Children's	WOW Luncheon		(add col. (a) through					
			Hope Dinner	- Dallas	4	' ' ' '					
•			(event type)	(event type)	(total number)	col. (c))					
nge											
Revenue	1	Gross receipts	726,082.	191,120.	99,557.	1,016,759.					
æ	ı.	Greed recorpts	120,0021								
	2	Less: Contributions	319,569.	84,797.	29,130.	433,496.					
	_	Less. Contributions	0_0,000	027.0.0							
	3	Gross income (line 1 minus line 2)	406,513.	106,323.	70,427.	583,263.					
		Gross income (line 1 minus line 2)	100,0100	200,0201	, , , , , , , ,	30372030					
	4	Cash prizes									
	•	Odon prizes									
	5	Noncash prizes	109,389.			109,389.					
S		Noncash prizes	103/3031			103/3031					
nse.	6	Rent/facility costs	2,240.	1,000.	315.	3,555.					
Direct Expenses	О	nerioraciity costs	2,240.	1,000.	313.	3,333.					
出	_	Food and houseness	78,308.	22,419.	1,900.	102,627.					
<u>ie</u>	′	Food and beverages	70,300.	22,417.	1,500.	102,027•					
	_										
	8	Entertainment	105 500	48,057.	43,040.	216,895.					
	9	Other direct expenses		•		432,466.					
	10					150,797.					
11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than											
Г	ונו		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than						
		\$15,000 on Form 990-EZ, line 6a.	1	(I-) Dull tobe/instant		(a) Takal manaisan (add					
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))					
Revenue				billigo/progressive billigo		coi. (a) trirough coi. (c)					
Be											
	1	Gross revenue									
	_										
ses	2	Cash prizes									
Direct Expenses	_										
Ä	3	Noncash prizes									
섫	_	5 . /6									
Ë	4	Rent/facility costs									
	_										
	5	Other direct expenses									
	_		Yes%	Yes%	Yes%						
	6	Volunteer labor	∟ No	∟ No	└── No						
	_										
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)								
	8	Net gaming income summary. Subtract line	r from line 1, column (a)								
_											
		ter the state(s) in which the organization cond		-1-10		V N-					
	a Is the organization licensed to conduct gaming activities in each of these states? Ves No										
b	IT "	No," explain:									
40	١٨/	are any of the organization). Granton the	avalend average dealers	aveninatad duvina - H I	voor?	Vac III					
		ere any of the organization's gaming licenses r			year?	Yes No					
		ere any of the organization's gaming licenses r Yes," explain:			year?	Yes No					

Sch	nedule G (Form 990) 2023 Orphan Outreach 56-	2623	813	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No 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:			
á	The organization's facility	13a		%
k	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	NameAddress			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
(If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	📖 ՝	Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$ INT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	III II:	0	Oh 10h
ГС	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III	ies 9,	90, 100,
	100, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.			

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

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public Inspection

Name of the organization							Employer identification number
Orphan Ou							56-2623813
1 Does the organization maintain records		o amount of the grant	te or assistance the	arantoos' oligibili	ty for the grants or as	sistance, and the solor	tion
criteria used to award the grants or ass		-		-			
2 Describe in Part IV the organization's pr	ocedures for mon	itoring the use of grar	nt funds in the Unite	ed States.			
Part II Grants and Other Assistance to recipient that received more than					anization answered "`	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Cadanino							
10312 Natural Bridge Road							
N. Chesterfield, VA 23236	84-3554402	501(c)(3)	0.	120,814.			Program Support
0 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>						1
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization							

(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 informat	ion required in Part I, lin	e 2; Part III, colum	n (b); and any other a	dditional information.	
Part I, Line 2:					
The Organization only makes don	mestic grant:	s to 501(c)(3) tax-e	xempt	
organizations whose exempt purp	poses are in	furthera	nce of thos	e of the	
Organization; therefore, no add	ditional mon:	itoring of	f granted f	unds is	
considered necessary.					
<u> </u>					

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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 the organization

Orphan Outreach

Employer identification number 56-2623813

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No (1) (2) (3) (4) (5) (6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958\$ 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Lo	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ault?	(h) App by boo comm	oroved ard or iittee?	(i) W agreer	ritten ment?
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													<u> </u>
(6)													<u> </u>
(7) (8)													
(9)													
(10)													
Total						\$							

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

Schedule	L (Form 990) 2023 Orphar	n Outreach		56-2623	8813	Page 2
Part IV						<u>g</u>
	Complete if the organization answered	d "Yes" on Form 990, Part IV, line 28a, 28	8b, or 28c.			
	(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 revenues?	
					Yes	No
(1)Hay	lie Epting	Daughter-in-law of	39,158.			Х
(2)						
(3)						<u> </u>
(4)						<u> </u>
(5)		1			1	1
(6)					1	<u> </u>
(7)		+			1	
(8) (9)		+			1	
(10)						
Part V	Supplemental Information					
	Provide additional information for resp	onses to questions on Schedule L. See	instructions.			
Sch L	, Part IV, Business 1	Transactions Involvin	ng Interest	ed Persons:		
(a) N	ame of Person: Haylie	e Epting				
(b) R	elationship Between 1	Interested Person and	d Organizat	ion:		
			<u> </u>			
Daugh	ter-in-law of Sandra	Doty, board member				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Orphan Outreach

Employer identification number 56-2623813

Pai	rt I Types of Property					
	·	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	Method of noncash cont	(d) determining ribution amounts
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	Х	6	340,103	•FMV	
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other (Furniture)	X	2		•FMV	
26	Other (Raffle items)	X	54		•FMV	
27	Other (Mission trip su)	X	259	12,937	•FMV	
28	Other ()					
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions		_
	for which the organization completed Form 82	83, Part V, I	Donee Acknowled	gement 29		0
						Yes No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1 thr	ough 28, that it	
	must hold for at least 3 years from the date of	the initial co	ontribution, and wh	nich isn't required to be us	ed for	
	exempt purposes for the entire holding period	?				30a X
b	If "Yes," describe the arrangement in Part II.					
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contr	butions?	31 X
32a	Does the organization hire or use third parties	or related o	rganizations to sol	icit, process, or sell nonca	sh	
	contributions?					32a X
b	If "Yes," describe in Part II.					
33	If the organization didn't report an amount in o	column (c) fo	r a type of proper	y for which column (a) is o	hecked,	
	describe in Part II.					

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

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

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.

Schedule O (Form 990) 2023 Page **2**

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.