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# For the tax year ended: December 31, 2019

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#### PUBLIC INSPECTION COPY

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public

OMB No. 1545-0047

Inspection

| Α                              | For the                   | 2019 calendar year, or tax year beginning and e  | nding         | _                                   |   |
|--------------------------------|---------------------------|--|---------------|-------------------------------------|---|
| В                              | Check if applicable       | C Name of organization   |               | D Employer identific                | cation number                           |
|                                | Addres<br>change          | S Orphan Outreach  |               |                                     |   |
|                                | Name change               |  |               | 56-26238                            | 13                                      |
|                                | Initial return            | Number and street (or P.O. box if mail is not delivered to street address)   | Room/suite    | E Telephone number                  |   |
|                                | Final return/             | 2001 W Plano Parkway, Suite 3700   |               | 972-941-                            |   |
|                                | termin-<br>ated           | City or town, state or province, country, and ZIP or foreign postal code   |               | G Gross receipts \$                 | 6,329,029.                              |
|                                | Amend return              | ed Plano, TX 75075   |               | H(a) Is this a group re             |   |
|                                | Applica<br>tion<br>pendin | ~  |               | for subordinates                    |   |
|                                | -                         | same as C above  |               | <b>H(b)</b> Are all subordinates in | ncluded? Yes No                         |
|                                |                           | mpt status: X 501(c)(3) 501(c) ( )   | 527           | 1,                                  | list. (see instructions)                |
|                                |                           | e: ▶ www.orphanoutreach.org  | _             | H(c) Group exemption                |   |
|                                |                           | organization: X Corporation Trust Association Other  | <b>L</b> Year | of formation: 2007 N                | 1 State of legal domicile: ${f T}{f X}$ |
| P                              |                           | Summary  |               | : <b>.</b>                          | Obii.                                   |
| e                              | 1 1                       | Briefly describe the organization's mission or most significant activities: The e  | stabi         | ishment of                          | christian                               |
| Jan                            | -                         | based programs to improve the lives of or  |               |                                     |   |
| Governance                     | 1                         | Check this box Lifthe organization discontinued its operations or dispose  |               | ı                                   | ssets.<br>12                            |
| Ĝ                              |                           | Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b) |               |                                     | 11                                      |
| ళ                              |                           | Fotal number of individuals employed in calendar year 2019 (Part V, line 1b)   |               |                                     | 20                                      |
| ij                             |                           | Fotal number of violunteers (estimate if necessary)  |               |                                     | 745                                     |
| Activities &                   |                           | Fotal number of Volunteers (estimate in recessary)  Fotal unrelated business revenue from Part VIII, column (C), line 12                         |               |                                     | 0.                                      |
| ď                              |                           | Net unrelated business taxable income from Form 990-T, line 39   |               |                                     | 0.                                      |
|                                |                           |  |               | Prior Year                          | Current Year                            |
| Φ                              | 8 (                       | Contributions and grants (Part VIII, line 1h)  |               | 4,437,501.                          | 5,795,930.                              |
| ğ                              | 1                         | Program service revenue (Part VIII, line 2g)   |               | 0.                                  | 0.                                      |
| Revenue                        | 10                        | nvestment income (Part VIII, column (A), lines 3, 4, and 7d)   |               | 866.                                | 0.                                      |
| Œ                              |                           | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |               | 300,391.                            | 295,578.                                |
|                                |                           | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |               | 4,738,758.                          | 6,091,508.                              |
|                                | 13 (                      | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |               | 1,484,397.                          | 2,183,425.                              |
|                                | 14                        | Benefits paid to or for members (Part IX, column (A), line 4)  |               | 0.                                  | 0.                                      |
| es                             |                           | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\dots$  |               | 850,378.                            | 950,774.                                |
| Expenses                       |                           | Professional fundraising fees (Part IX, column (A), line 11e)  |               | 0.                                  | 0.                                      |
| ă                              | 1                         | Fotal fundraising expenses (Part IX, column (D), line 25)   322,00   |               | 0 116 818                           | 1 004 054                               |
|                                |                           | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |               | 2,116,717.                          |   |
|                                |                           | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |               | 4,451,492.                          | 5,059,153.                              |
| <u> </u>                       |                           | Revenue less expenses. Subtract line 18 from line 12   |               | 287,266.                            |   |
| Net Assets or<br>Fund Balances |                           | 5 1 1  | Re            | ginning of Current Year 1,554,113.  | End of Year 2,560,933.                  |
| SSe                            | 20                        | Fotal assets (Part X, line 16)   |               | 190,009.                            | 164,474.                                |
| Vet /                          | 21 22 1                   | Fotal liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  |               | 1,364,104.                          | 2,396,459.                              |
|                                | art II                    | Signature Block  |               | 1,301,101.                          | 2,330,4330                              |
| _                              |                           | ties of perjury, I declare that I have examined this return, including accompanying schedules  | and statem    | ents, and to the best of m          | v knowledge and belief, it is           |
|                                | -                         | , and complete. Declaration of preparer (other than officer) is based on all information of whic   |               |                                     | , miemieuge una senen, mie              |
|                                | <u> </u>                  | , , , , , , , , , , , , , , , , , , ,  |               |                                     |   |
| Sig                            | n                         | Signature of officer   |               | Date                                |   |
| Hei                            |                           | ▲ Michael Douris, President  |               |                                     |   |
|                                |                           | Type or print name and title   |               |                                     |   |
|                                |                           | Print/Type preparer's name Preparer's signature  |               | Date Check                          | PTIN                                    |
| Pai                            | L                         | Michele M. Wales Muchely Wale  | <u>-</u> 1    | 1/06/20 if self-employe             | P00428093                               |
|                                |                           | Firm's name Batts Morrison Wales & Lee, P.A.   |               | Firm's EIN ▶                        | 20-4193611                              |
| Use                            | Only                      | Firm's address 801 North Orange Avenue, Suite 8  | 00            |                                     |   |
|                                |                           | Orlando, FL 32801  |               | Phone no.40                         | 7-770-6000                              |
| Ma                             | y the IR                  | S 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 \$ 4,455,234 • including grants of \$ 2,183,425 • ) (Revenue \$ 0 • )   |
|             | The Organization continues to improve the lives of orphans and at-risk   |
|             | children around the world. The Organization's projects consist of  |
|             | constructing and renovating churches, schools, and orphanages;   |
|             | providing humanitarian and financial aid; sponsoring graduates,  |
|             | students, teachers and orphans, a graduate program, community outreach   |
|             | and several children's camps. The Organization facilitated volunteer   |
|             | mission trips to Honduras, India, Guatemala, Latvia, Ukraine, and  |
|             | Russia with trip volunteers who provided mission backpacks and   |
|             | humanitarian aid. During 2019, the Organization had projects in  |
|             | Eastern Europe (served 1,125 individuals in 2019), Central America   |
|             | (served 1,770 individuals in 2019), Asia (served 475 individuals in 2019), and Kenya (served 3,575 individuals in 2019).                     |
| <del></del> |  |
| 4b          | (Code:) (Expenses \$   |
|             |  |
|             |  |
|             | ·  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
| 4c          | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )   |
|             | · · · · · · · · · · · · · · · · · · ·  |
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|             |  |
| 4d          | Other program services (Describe on Schedule O.)   |
|             | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| <u>4e</u>   | Total program service expenses ► 4 , 455 , 234 .  Form 990 (2019)  |
|             | Form <b>990</b> (2019)   |

# Form 990 (2019) 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)?   |          | х   |              |
| _       | If "Yes," complete Schedule A   | 1        | X   |              |
| 2       | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2        | Λ   |              |
| 3       | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |          |     | X            |
| 4       | public office? If "Yes," complete Schedule C, Part I  | 3        |     | Λ            |
| 4       | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II                  | 4        |     | X            |
| 5       | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  |          |     |              |
|         | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5        |     | Х            |
| 6       | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   | _        |     | 7.7          |
| _       | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6        |     | X            |
| 7       | Did the organization receive or hold a conservation easement, including easements to preserve open space,   | _        |     | X            |
|         | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7        |     | Λ            |
| 8       | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8        |     | x            |
| 9       | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for   | •        |     |              |
| 3       | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?   |          |     |              |
|         | If "Yes," complete Schedule D, Part IV  | 9        |     | х            |
| 10      | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  |          |     |              |
|         | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10       |     | Х            |
| 11      | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X  |          |     |              |
|         | as applicable.  |          |     |              |
| а       | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,   |          |     |              |
|         | Part VI   | 11a      | Х   |              |
| b       | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total  |          |     |              |
|         | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b      |     | X            |
| С       | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total   |          |     | l            |
|         | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c      |     | X            |
| 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   |          |     | ٠,,          |
|         | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d      |     | X            |
|         | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e      |     | X            |
| f       | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |          |     | X            |
| 40-     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f      |     | Λ            |
| ıza     | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   | 12a      | х   |              |
| h       | Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?   | IZa      |     |              |
| b       | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b      |     | х            |
| 13      | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13       |     | 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,   |          |     |              |
|         | 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,   |          |     | ,.           |
|         | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  | 17       |     | X            |
| 18      | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  |          | 37  |              |
|         | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18       | Х   |              |
| 19      | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  |          |     | <sub>v</sub> |
| 00      | 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<br>o1 | 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   |              |
|         | domestic government on Fart IX, column (A), line 1: 11 103, complete ochedule i, 1 arts Farto II  | <u> </u> |     |              |

# Form 990 (2019) 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   |     |     | l  |
|      | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  |     | Х  |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current  |     |     |  |
|      | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  |     |     | 7.   |
|      | Schedule J  | 23  |     | Х  |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the   |     |     |  |
|      | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  | ١., |     | X  |
|      | Schedule K. If "No," go to line 25a   | 24a |     |  |
|      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     | <del>                                     </del> |
| С    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease  | 04- |     |  |
|      | any tax-exempt bonds?   | 24c |     | <del>                                     </del> |
|      | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     | <del>                                     </del> |
| 25a  | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  | 25a |     | X  |
| h    | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a |     |  |
| Б    | 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        |     |     |  |
|      |   | 256 |     | X  |
| 26   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current   | 25b |     |  |
| 26   |   |     |     |  |
|      | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   | 26  |     | X  |
| 07   | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 20  |     |  |
| 27   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled |     |     |  |
|      | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  | 27  |     | x  |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV   | 21  |     |  |
| 20   | instructions, for applicable filing thresholds, conditions, and exceptions):  |     |     |  |
| 2    | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>   |     |     |  |
| а    | "Yes," complete Schedule L, Part IV   | 28a |     | x  |
| h    | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b |     | X  |
|      | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?  |     |     |  |
| ·    | "Yes," complete Schedule L, Part IV   | 28c |     | Х  |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29  | Х   |  |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation   |     |     |  |
|      | contributions? If "Yes," complete Schedule M  | 30  |     | Х  |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |     | Х  |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  |     |     |  |
|      | Schedule N, Part II   | 32  |     | Х  |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  |     |     |  |
|      | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33  |     | Х  |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   |     |     |  |
|      | Part V, line 1  | 34  |     | Х  |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |     | Х  |
|      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   |     |     |  |
|      | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b |     |  |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  |     |     |  |
|      | If "Yes," complete Schedule R, Part V, line 2   | 36  |     | X  |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |     |     |  |
|      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37  |     | Х  |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  |     |     |  |
| _    | Note: All Form 990 filers are required to complete Schedule O   | 38  | Х   |  |
| Pai  | t V Statements Regarding Other IRS Filings and Tax Compliance   |     |     |  |
|      | Check if Schedule O contains a response or note to any line in this Part V  |     |     | $\Box$   |
|      | 1 1   |     | Yes | No   |
|      | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10   | 4   |     |  |
|      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   | 4   |     |  |
| С    | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |     |     |  |
|      | (gambling) winnings to prize winners?   | 1c  | X   |  |

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

|     |  |                        |                      | Yes | No |  |  |
|-----|--|------------------------|----------------------|-----|----|--|--|
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |                        |                      |     |    |  |  |
|     | filed for the calendar year ending with or within the year covered by this return  | 2a 20                  |                      |     |    |  |  |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns  | ns?                    | 2b                   | Х   |    |  |  |
|     | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions   | )                      |                      |     |    |  |  |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |                        | За                   |     | X  |  |  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule  | 0                      | 3b                   |     |    |  |  |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other  | authority over, a      |                      |     |    |  |  |
|     | financial account in a foreign country (such as a bank account, securities account, or other financial   | account)?              | 4a                   |     | X  |  |  |
| b   | If "Yes," enter the name of the foreign country ▶  |                        |                      |     |    |  |  |
|     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A   | ccounts (FBAR).        |                      |     |    |  |  |
|     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |                        | 5a                   |     | X  |  |  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa   | ction?                 | 5b                   |     | Х  |  |  |
| С   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |                        | 5c                   |     |    |  |  |
| 6a  | Does the organization have annual gross receipts that are normally greater than $$100,000$ , and did the second se | e organization solicit |                      |     |    |  |  |
|     | any contributions that were not tax deductible as charitable contributions?  |                        | 6a                   |     | X  |  |  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contribut  | ions 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 ser  |                        | 7a                   |     | X  |  |  |
|     | 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   | •                      |                      |     |    |  |  |
|     | to file Form 8282?   | 1                      | 7с                   |     | X  |  |  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d                     |                      |     | 37 |  |  |
| е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of   |                        | 7e                   |     | X  |  |  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr   |                        | 7 <del>f</del><br>7g |     | Х  |  |  |
| g   |  |                        |                      |     |    |  |  |
| _   |  |                        |                      |     |    |  |  |
| 8   | 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |                        |                      |     |    |  |  |
| ^   | sponsoring organization have excess business holdings at any time during the year?   |                        |                      |     |    |  |  |
| 9   | Sponsoring organizations maintaining donor advised funds.  |                        | 0-                   |     |    |  |  |
| a   |  |                        | 9a<br>9b             |     |    |  |  |
| 10  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |                        | 90                   |     |    |  |  |
|     | Section 501(c)(7) organizations. Enter:  | 10a                    |                      |     |    |  |  |
|     | Initiation fees and capital contributions included on Part VIII, line 12   | 10b                    |                      |     |    |  |  |
|     | Section 501(c)(12) organizations. Enter:   | 100                    |                      |     |    |  |  |
|     |  | 11a                    |                      |     |    |  |  |
|     | Gross income from other sources (Do not net amounts due or paid to other sources against   | 110                    |                      |     |    |  |  |
|     | amounts due or received from them.)  | 11b                    |                      |     |    |  |  |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form   |                        | 12a                  |     |    |  |  |
|     | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b                    |                      |     |    |  |  |
|     | Section 501(c)(29) qualified nonprofit health insurance issuers.   |                        |                      |     |    |  |  |
|     | Is the organization licensed to issue qualified health plans in more than one state?   |                        | 13a                  |     |    |  |  |
|     | Note: See the instructions for additional information the organization must report on Schedule O.  |                        |                      |     |    |  |  |
| 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   | 13b                    |                      |     |    |  |  |
| С   | Enter the amount of reserves on hand   | 13c                    |                      |     |    |  |  |
|     |  |                        | 14a                  |     | Х  |  |  |
|     | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu  | le O                   | 14b                  |     |    |  |  |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune   | ration or              |                      |     |    |  |  |
|     | excess parachute payment(s) during the year?   |                        | 15                   |     | Х  |  |  |
|     | If "Yes," see instructions and file Form 4720, Schedule N.   |                        |                      |     |    |  |  |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investment  | t income?              | 16                   |     | X  |  |  |
|     | If "Yes," complete Form 4720, Schedule O.  |                        |                      |     |    |  |  |

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   |         |         |      |
|     | <u> </u>  |         | 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 1   |         |         |      |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other            |         |         |      |
| _   | officer, director, trustee, or key employee?  | 2       |         | Х    |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision               | _       |         |      |
| Ū   | of officers, directors, trustees, or key employees to a management company or other person?   | 3       |         | х    |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4       |         | X    |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5       |         | X    |
| 6   | Did the organization have members or stockholders?  | 6       |         | X    |
|     | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                      | Ŭ       |         |      |
|     | more members of the governing body?   | 7a      |         | х    |
| h   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                  | 74      |         |      |
|     | persons other than the governing body?  | 7b      |         | х    |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   | 7.5     |         |      |
|     |   | 8a      | Х       |      |
| b   | The governing body?  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                | OD      |         |      |
| 3   | organization's mailing address? If "Yes," provide the names and addresses on Schedule O   | 9       |         | х    |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                    |         |         |      |
|     | tion Director (This cooling Disqueste information about periode not required by the internal riorance code.)                        |         | Yes     | No   |
| 10a | Did the organization have local chapters, branches, or affiliates?  | 10a     | 100     | X    |
|     | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,          |         |         |      |
| ~   | and branches to ensure their operations are consistent with the organization's exempt purposes?                                     | 10b     |         |      |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | 11a     | Х       |      |
|     | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                       |         |         |      |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a     | Х       |      |
|     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b     | Х       |      |
|     | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                  |         |         |      |
|     | in Schedule O how this was done   | 12c     | Х       |      |
| 13  | Did the organization have a written whistleblower policy?   | 13      | Х       |      |
| 14  | Did the organization have a written document retention and destruction policy?  | 14      | Х       |      |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent                  |         |         |      |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                   |         |         |      |
| а   | The organization's CEO, Executive Director, or top management official  | 15a     | Х       |      |
|     | Other officers or key employees of the organization   | 15b     | Х       |      |
| ·   | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |         |         |      |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a               |         |         |      |
|     | taxable entity during the year?   | 16a     |         | Х    |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation        |         |         |      |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                      |         |         |      |
|     | exempt status with respect to such arrangements?  | 16b     |         |      |
| Sec | tion C. Disclosure  |         |         |      |
| 17  | List the states with which a copy of this Form 990 is required to be filed ▶ 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, and     | d finar | 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                      |         |         |      |
|     | Beth Galway - 972-941-4556  |         |         |      |
|     | 2001 W Plano Parkway, Suite 3700, Plano, TX 75075   |         |         |      |

#### Form 990 (2019) 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

56-2623813

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

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

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

| (A) Name and title             | (B)<br>Average   | Docition                       |                       |         |              |                              |          | (D)<br>Reportable                      | <b>(E)</b><br>Reportable         | <b>(F)</b><br>Estimated  |
|--------------------------------|--|--------------------------------|-----------------------|---------|--------------|------------------------------|----------|--|----------------------------------|--|
|                                | hours per<br>week  | box                            | , unle                | ss pe   | rson         | than<br>is bot<br>or/trus    | h an     | compensation                           | compensation<br>from related     | amount of other  |
|                                | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC) | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) Michael Douris             | 50.00  | ļ                              |                       |         |              |                              |          | 445 000                                |                                  |  |
| President                      | 1 00   | Х                              |                       | X       |              | <u> </u>                     |          | 115,399.                               | 0.                               | 2,308.   |
| (2) Blair Pogue                | 1.00   | ١,,                            |                       |         |              |                              |          |  | _                                | _  |
| Director                       | 1 00   | Х                              |                       |         |              | -                            |          | 0.                                     | 0.                               | 0.   |
| (3) Bryan Larson               | 1.00   | x                              |                       |         |              |                              |          | 0.                                     | 0.                               | 0.   |
| Director (4) Cindy Easley      | 1.00   | ^                              |                       |         |              | -                            |          | 0.                                     | 0.                               | 0.   |
| Director                       | 1.00   | X                              |                       |         |              |                              |          | 0.                                     | 0.                               | 0.   |
| (5) Cobi Porter                | 1.00   | 123                            |                       |         |              | $\vdash$                     |          |  | •                                | <u> </u>   |
| Director                       | 1 2100   | x                              |                       |         |              |                              |          | 0.                                     | 0.                               | 0.   |
| (6) Esther Rogers              | 1.00   |                                |                       |         |              |                              |          |  |                                  |  |
| Director                       |  | Х                              |                       |         |              |                              |          | 0.                                     | 0.                               | 0.   |
| (7) Joyce Rogge                | 1.00   |                                |                       |         |              |                              |          |  |                                  |  |
| Director                       |  | X                              |                       |         |              |                              |          | 0.                                     | 0.                               | 0.   |
| (8) Luis Argote                | 1.00   |                                |                       |         |              |                              |          |  |                                  |  |
| Director                       |  | Х                              |                       |         |              |                              |          | 0.                                     | 0.                               | 0 .  |
| (9) Robert Beams               | 1.00   | ļ                              |                       |         |              |                              |          |  |                                  |  |
| Director                       | 1 00   | Х                              |                       |         |              |                              |          | 0.                                     | 0.                               | 0 .  |
| (10) Sandra Doty               | 1.00   | ١                              |                       |         |              |                              |          |  | 0                                | _  |
| Director                       | 1 00   | Х                              |                       |         |              |                              |          | 0.                                     | 0.                               | 0 .  |
| (11) Stephen Spencer           | 1.00   | ₩.                             |                       |         |              |                              |          | 0.                                     | _                                | _  |
| Director (ended 11/19)         | 1.00   | Х                              |                       |         |              |                              |          | 0.                                     | 0.                               | 0 .  |
| (12) Trey Velvin Director      | 1.00   | X                              |                       |         |              |                              |          | 0.                                     | 0.                               | 0.   |
| (13) Wilson Williams           | 1.00   | <u> </u>                       |                       |         |              | $\vdash$                     |          | 0.                                     | 0.                               | 0.   |
| Director (began 11/19)         | 1.00   | x                              |                       |         |              |                              |          | 0.                                     | 0.                               | 0.   |
| (14) Beth Galway               | 50.00  | +                              |                       |         |              | +                            | $\vdash$ |  | •                                |  |
| Board Secretary/Vice President |  |                                |                       | х       |              |                              |          | 71,000.                                | 0.                               | 1,420.   |
|                                |  |                                |                       |         |              |                              |          |  |                                  |  |
|                                |  |                                |                       |         |              |                              |          |  |                                  |  |
|                                |  |                                |                       |         |              |                              |          |  |                                  |  |
|                                |  |                                |                       |         |              |                              |          |  |                                  | F 000 (201)  |

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |                      |                       |                                      |         |              |                              |        |  |                   |        |         |                     |                |
|---|----------------------|-----------------------|--------------------------------------|---------|--------------|------------------------------|--------|--|-------------------|--------|---------|---------------------|----------------|
| (A)   | (B)                  | (B) (C)               |                                      |         |              |                              |        | (D)  | (E)               |        |         | (F)                 |                |
| Name and title  | Average hours per    |                       | not c                                | heck    | more         | than                         |        | Reportable Reportable compensation compensatio |                   |        |         |                     |                |
|   | week                 | offi                  | officer and a director/trustee) from |         |              |                              |        |  | from related      |        |         | other               |                |
|   | (list any hours for  | director              |                                      |         |              |                              |        | the  | organization      |        |         | pensatio            | on             |
|   | related              | e or d                | stee                                 |         |              | nsated                       |        | organization<br>(W-2/1099-MISC)                | (W-2/1099-MIS     | SC)    |         | om the<br>anizatio: | n              |
|   | organizations        | al trust              | nal tru                              |         | oyee         | ompe                         |        |  |                   |        | and     | related             | t              |
|   | below<br>line)       | Individual trustee or | Institutional trustee                | Officer | Key employee | Highest compensated employee | Former |  |                   |        | orga    | nization            | IS             |
|   | ,                    | 트                     | 드                                    | 0       | 포            | 工品                           | Œ      |  |                   | 1      |         |                     |                |
|   |                      |                       |                                      |         |              |                              |        |  |                   |        |         |                     |                |
|   |                      | $\left\{ \right.$     |                                      |         |              |                              |        |  |                   |        |         |                     |                |
|   |                      |                       |                                      |         |              |                              |        |  |                   |        |         |                     |                |
|   |                      | _                     |                                      |         |              |                              |        |  |                   |        |         |                     |                |
|   |                      | 1                     |                                      |         |              |                              |        |  |                   |        |         |                     |                |
|   |                      |                       |                                      |         |              |                              |        |  |                   |        |         |                     |                |
|   |                      |                       |                                      |         |              |                              |        |  |                   |        |         |                     |                |
|   |                      |                       |                                      |         |              |                              |        |  |                   |        |         |                     |                |
|   |                      | 1                     |                                      |         |              |                              |        |  |                   |        |         |                     |                |
|   |                      | -                     |                                      |         |              |                              |        |  |                   |        |         |                     |                |
|   |                      |                       |                                      |         |              |                              |        |  |                   |        |         |                     |                |
| dh Cubhadal   |                      |                       |                                      |         |              |                              | L      | 186,399.                                       |                   | 0.     |         | 3,72                | Ω              |
| 1b Subtotal c Total from continuation sheets to Par   |                      |                       |                                      |         |              |                              |        | 0.   |                   | 0.     |         |                     | 0.             |
| d Total (add lines 1b and 1c)   |                      |                       |                                      |         |              |                              |        | 186,399.                                       |                   | 0.     |         | 3,72                | 8.             |
| 2 Total number of individuals (including b  |                      | nose                  | liste                                | ed al   | bove         | e) wł                        | no r   | received more than \$100                       | 0,000 of reportab | le     |         |                     | 1              |
| compensation from the organization  | <u> </u>             |                       |                                      |         |              |                              |        |  |                   |        |         | Yes 1               | <u>1</u><br>No |
| 3 Did the organization list any former office   | cer, director, trust | ee, l                 | кеу е                                | emp     | loye         | e, o                         | r hiç  | ghest compensated emp                          | oloyee on         | ſ      |         |                     |                |
| line 1a? If "Yes," complete Schedule J f  |                      |                       |                                      |         |              |                              |        |  |                   |        | 3       |                     | <u>X</u>       |
| 4 For any individual listed on line 1a, is th<br>and related organizations greater than \$                      | •                    |                       |                                      |         |              |                              |        | •  | •                 | - 1    | 4       |                     | X              |
| 5 Did any person listed on line 1a receive  |                      |                       |                                      |         |              |                              |        |  |                   |        | 4       |                     |                |
| rendered to the organization? If "Yes," o   | •                    |                       |                                      |         | •            |                              |        |  |                   |        | 5       |                     | X              |
| Section B. Independent Contractors  |                      |                       |                                      |         |              |                              |        |  |                   |        |         |                     |                |
| 1 Complete this table for your five highes  |                      |                       |                                      |         |              |                              |        |  |                   | npensa | ation f | rom                 |                |
| the organization. Report compensation (A)   | for the calendar y   | ear                   | enai                                 | ng v    | vitri        | or w                         | Ithii  | n the organization's tax                       | year.             |        | (C      | :)                  |                |
| Name and busin  |                      |                       |                                      | -       | _            |                              |        | Description of s                               | ervices           | С      |         | sation              |                |
| High Point Travel, 1270<br>Suite 200, Dallas, TX  | 75251                |                       |                                      |         |              | r.                           |        | Travel Servi                                   |                   |        | 51      | 5,22                | 1.             |
| John Ucherek, 6075 N Vi<br>Ludington, MI 49431  | ictory Pa            | rk                    | Ro                                   | 1.      | ,            |                              |        | Missionary C<br>Services                       | ontract           |        | 12      | 3,22                | 5.             |
| -   |                      |                       |                                      |         |              |                              |        |  |                   |        |         |                     |                |

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

Form **990** (2019)

\$100,000 of compensation from the organization

|  |                  | Check if Schedule O contains a response   | or note to any lir               | ne in this Part VIII |  |                           |  |
|--|------------------|---|----------------------------------|----------------------|--|---------------------------|--|
|  |                  | Official in Schedule O Contains a response  | or note to any iii               | (A)  Total revenue   | (B) Related or exempt function revenue | ( <b>C</b> )<br>Unrelated | (D) Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | k<br>c<br>c<br>f | A Federated campaigns  D Membership dues  D Fundraising events  D Related organizations  D Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  D Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f | 106,214.<br>689,716.<br>112,131. | 5,795,930.           |  |                           |  |
|  | -                |   | Business Code                    | , ,                  |  |                           |  |
| Program Service<br>Revenue                             | ď                |   |                                  |                      |  |                           |  |
| Pro  | f                | All other program service revenue   |                                  |                      |  |                           |  |
|  |                  | Total. Add lines 2a-2f  |                                  |                      |  |                           |  |
|  | 3                | Investment income (including dividends, interother similar amounts)  Income from investment of tax-exempt bond p  | oroceeds                         |                      |  |                           |  |
|  | 5                | Royalties(i) Real   | (ii) Personal                    |                      |  |                           |  |
|  |                  | <u>                                </u>   | (ii) i ereeria.                  |                      |  |                           |  |
|  |                  | d Net rental income or (loss)   | <b>&gt;</b>                      |                      |  |                           |  |
|  | 7 a              | a Gross amount from sales of assets other than inventory 7a (i) Securities  | (ii) Other                       |                      |  |                           |  |
| er Revenue   |                  | Less: cost or other basis and sales expenses  |                                  |                      |  |                           |  |
| r Re   | C                | d Net gain or (loss)  | <b>&gt;</b>                      |                      |  |                           |  |
| Othe   |                  | a Gross income from fundraising events (not including \$ 106,214 • of contributions reported on line 1c). See Part IV, line 18 8a  b Less: direct expenses 8b   | 520,780.<br>237,521.             |                      |  |                           |  |
|  |                  | Net income or (loss) from fundraising events  |                                  | 283,259.             |  |                           | 283,259.   |
|  | 9 a              | a Gross income from gaming activities. See Part IV, line 19 9a  |                                  |                      |  |                           | ·  |
|  |                  | Less: direct expenses9b   | L                                |                      |  |                           |  |
|  | 10 a             | Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances  10a  |                                  |                      |  |                           |  |
|  |                  | Less: cost of goods sold  | 1                                |                      |  |                           |  |
| Miscellaneous Revenue                                  | 11 a             | Miscellaneous Revenue   | Business Code<br>900099          | 12,319.              |  |                           | 12,319.  |
| ella   | k                |   |                                  |                      |  |                           |  |
| Aisc<br>Re   |                  | d All other revenue   |                                  |                      |  |                           |  |
| _  |                  | Total. Add lines 11a-11d  | <b>&gt;</b>                      | 12,319.              |  |                           |  |
|  | 12               | Total revenue. See instructions   | <b>—</b>                         | 6,091,508.           | 0.                                     | 0.                        | 295,578.   |

# Form 990 (2019) 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   |                | <del>-</del>             |                                       |                         |
|----|---|----------------|--------------------------|---------------------------------------|-------------------------|
| Do | not include amounts reported on lines 6b,   | (A)            | (B)                      | (C)                                   | (D)                     |
|    | 8b, 9b, and 10b of Part VIII.   | Total expenses | Program service expenses | Management and general expenses       | Fundraising<br>expenses |
| 1  | Grants and other assistance to domestic organizations   |                | САРСПЗСЗ                 | general expenses                      | схрензез                |
| •  | and domestic governments. See Part IV, line 21  | 72,000.        | 72,000.                  |                                       |                         |
| 2  | Grants and other assistance to domestic   |                |                          |                                       |                         |
|    | individuals. See Part IV, line 22   |                |                          |                                       |                         |
| 3  | Grants and other assistance to foreign  |                |                          |                                       |                         |
| _  | organizations, foreign governments, and foreign   |                |                          |                                       |                         |
|    | individuals. See Part IV, lines 15 and 16   | 2,111,425.     | 2,111,425.               |                                       |                         |
| 4  | Benefits paid to or for members   | , ,            | , ,                      |                                       |                         |
| 5  | Compensation of current officers, directors,  |                |                          |                                       |                         |
| •  | trustees, and key employees   | 190,127.       | 102,764.                 | 57,936.                               | 29,427.                 |
| 6  | Compensation not included above to disqualified   |                | •                        | ,                                     | <u> </u>                |
|    | persons (as defined under section 4958(f)(1)) and   |                |                          |                                       |                         |
|    | persons described in section 4958(c)(3)(B)  |                |                          |                                       |                         |
| 7  | Other salaries and wages  | 733,185.       | 469,394.                 | 108,725.                              | 155,066.                |
| 8  | Pension plan accruals and contributions (include  |                | •                        | ,                                     | <u> </u>                |
| -  | section 401(k) and 403(b) employer contributions)   |                |                          |                                       |                         |
| 9  | Other employee benefits   | 27,462.        | 17,323.                  | 4,478.                                | 5,661.                  |
| 10 | Payroll taxes   | •              | -                        | · · · · · · · · · · · · · · · · · · · | <u> </u>                |
| 11 | Fees for services (nonemployees):   |                |                          |                                       |                         |
|    | Management  |                |                          |                                       |                         |
|    | Legal   |                |                          |                                       |                         |
|    | Accounting  |                |                          |                                       |                         |
|    | Lobbying  |                |                          |                                       |                         |
|    | Professional fundraising services. See Part IV, line 17   |                |                          |                                       |                         |
| f  | Investment management fees  |                |                          |                                       |                         |
| g  | Other. (If line 11g amount exceeds 10% of line 25,  |                |                          |                                       |                         |
| ·  | column (A) amount, list line 11g expenses on Sch O.)  |                |                          |                                       |                         |
| 12 | Advertising and promotion   | 87,642.        |                          |                                       | 87,642.                 |
| 13 | Office expenses   |                |                          |                                       |                         |
| 14 | Information technology  |                |                          |                                       |                         |
| 15 | Royalties   |                |                          |                                       |                         |
| 16 | Occupancy   | 84,437.        | 52,351.                  | 15,199.                               | 16,887.                 |
| 17 | Travel  | 94,689.        | 85,220.                  |                                       | 9,469.                  |
| 18 | Payments of travel or entertainment expenses  |                |                          |                                       |                         |
|    | for any federal, state, or local public officials   |                |                          |                                       |                         |
| 19 | Conferences, conventions, and meetings  |                |                          |                                       |                         |
| 20 | Interest  |                |                          |                                       |                         |
| 21 | Payments to affiliates  |                |                          |                                       |                         |
| 22 | Depreciation, depletion, and amortization   |                |                          |                                       |                         |
| 23 | Insurance   |                |                          |                                       |                         |
| 24 | Other expenses. Itemize expenses not covered  |                |                          |                                       |                         |
|    | above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A) |                |                          |                                       |                         |
|    | amount, list line 24e expenses on Schedule 0.)  |                |                          |                                       |                         |
| а  | Mission Trips   | 1,375,581.     | 1,375,581.               |                                       |                         |
| b  | Miscellaneous Expenses  | 147,513.       | 34,084.                  | 95,577.                               | 17,852.                 |
| С  | Other Project Expenses  | 74,700.        | 74,700.                  |                                       |                         |
| d  | Backpack Project  | 60,392.        | 60,392.                  |                                       |                         |
| е  | All other expenses  |                |                          |                                       |                         |
| 25 | Total functional expenses. Add lines 1 through 24e  | 5,059,153.     | 4,455,234.               | 281,915.                              | 322,004.                |
| 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)  |                |                          |                                       |                         |
|    |   |                |                          |                                       | E 000 (0010)            |

## Form 990 (2019) Part X Balance Sheet

| Pa                          | rt X | Balance Sheet                                      |            |                        |                                 |            |                           |
|-----------------------------|------|--|------------|------------------------|---------------------------------|------------|---------------------------|
|                             |      | Check if Schedule O contains a response or         | note to a  | ny line in this Part X |                                 |            |                           |
|                             |      |  |            |                        | <b>(A)</b><br>Beginning of year |            | <b>(B)</b><br>End of year |
|                             | 1    | Cash - non-interest-bearing                        | 1,372,274. | 1                      | 2,369,873.                      |            |                           |
|                             | 2    | Savings and temporary cash investments             |            |                        |                                 | 2          |                           |
|                             | 3    | Pledges and grants receivable, net                 |            |                        |                                 | 3          |                           |
|                             | 4    | Accounts receivable, net                           |            |                        | 20,262.                         | 4          | 0.                        |
|                             | 5    | Loans and other receivables from any curren        |            |                        |                                 |            |                           |
|                             |      | trustee, key employee, creator or founder, su      |            |                        |                                 |            |                           |
|                             |      | controlled entity or family member of any of t     | sons       |                        | 5                               |            |                           |
|                             | 6    | Loans and other receivables from other disqu       |            |                        |                                 |            |                           |
|                             |      | under section 4958(f)(1)), and persons descri      | bed in se  | ection 4958(c)(3)(B)   |                                 | 6          |                           |
| ţ                           | 7    | Notes and loans receivable, net                    |            |                        |                                 | 7          |                           |
| Assets                      | 8    | Inventories for sale or use                        |            |                        |                                 | 8          |                           |
| ⋖                           | 9    | Prepaid expenses and deferred charges              |            |                        |                                 | 9          |                           |
|                             | 10a  | Land, buildings, and equipment: cost or other      |            |                        |                                 |            |                           |
|                             |      | basis. Complete Part VI of Schedule D              | 10a        | 62,030.                |                                 |            |                           |
|                             | b    | Less: accumulated depreciation                     | 10b        | 22,923.                | 38,248.                         | 10c        | 39,107.                   |
|                             | 11   | Investments - publicly traded securities           |            | 40,342.                | 11                              | 49,153.    |                           |
|                             | 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                 | 82,987.    | 15                     | 102,800.                        |            |                           |
|                             | 16   | Total assets. Add lines 1 through 15 (must e       | qual line  | 33)                    | 1,554,113.                      | 16         | 2,560,933.                |
|                             | 17   | Accounts payable and accrued expenses              |            |                        | 190,009.                        | 17         | 164,474.                  |
|                             | 18   | Grants payable                                     |            | 18                     |                                 |            |                           |
|                             | 19   | Deferred revenue                                   |            |                        | 19                              |            |                           |
|                             | 20   | Tax-exempt bond liabilities                        |            |                        |                                 | 20         |                           |
|                             | 21   | Escrow or custodial account liability. Comple      | te Part I\ | / of Schedule D        |                                 | 21         |                           |
| es                          | 22   | Loans and other payables to any current or for     |            |                        |                                 |            |                           |
| Ħ                           |      | trustee, key employee, creator or founder, su      |            |                        |                                 |            |                           |
| Liabilities                 |      | controlled entity or family member of any of t     |            |                        |                                 | 22         |                           |
| _                           | 23   | Secured mortgages and notes payable to un          |            | F                      |                                 | 23         |                           |
|                             | 24   | Unsecured notes and loans payable to unrela        |            |                        |                                 | 24         |                           |
|                             | 25   | Other liabilities (including federal income tax,   |            |                        |                                 |            |                           |
|                             |      | parties, and other liabilities not included on lin | nes 17-2   | 4). Complete Part X    |                                 |            |                           |
|                             |      | of Schedule D                                      |            |                        | 190,009.                        | 25         | 164,474.                  |
|                             | 26   | Total liabilities. Add lines 17 through 25         |            |                        | 190,009.                        | 26         | 104,4/4.                  |
| Se                          |      | Organizations that follow FASB ASC 958, o          | check he   | ere 🕨 🔼                |                                 |            |                           |
| ŭ                           |      | and complete lines 27, 28, 32, and 33.             |            |                        | 516,613.                        | 07         | 1,472,171.                |
| 3ale                        | 27   |  |            |                        | 847,491.                        | 27<br>28   | 924,288.                  |
| βE                          | 28   | Net assets with donor restrictions                 |            |                        | 047,471.                        | 28         | 724,200.                  |
| Ī                           |      | Organizations that do not follow FASB ASC          | , 958, CI  | neck nere              |                                 |            |                           |
| ō                           | 20   | and complete lines 29 through 33.                  | do         |                        |                                 | 20         |                           |
| ets                         | 29   | Capital stock or trust principal, or current fun   |            |                        |                                 | 29         |                           |
| Ass                         | 30   | Paid-in or capital surplus, or land, building, or  |            |                        |                                 | 30         |                           |
| Net Assets or Fund Balances | 31   | Retained earnings, endowment, accumulated          |            | -                      | 1,364,104.                      | 31         | 2,396,459.                |
| Z                           | 32   | Total liabilities and not assets/fund balances     |            | 1,554,113.             | 32                              | 2,560,933. |                           |
|                             | 33   | Total liabilities and net assets/fund balances     |            |                        | I, J J I , I I J •              | <b>ა</b> ა | 2,300,333.                |

Form **990** (2019)

| 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          | 6,09 | 1.5            | 08.   |  |  |
| 2          | Total expenses (must equal Part IX, column (A), line 25)  | 2          | 5,05 |                |       |  |  |
| 3          |   | 3          | 1,03 |                |       |  |  |
| 4          | Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4          | 1,36 |                |       |  |  |
| -          |   | 5          | 1,50 | <del>-,-</del> | 0 4 • |  |  |
| 5          | Net unrealized gains (losses) on investments  | 6          |      |                |       |  |  |
| 6          | Donated services and use of facilities  |            |      |                |       |  |  |
| 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,  |            | 0 20 |                | - 0   |  |  |
| <b>D</b> - | column (B))   | 10         | 2,39 | 6,4            | 59.   |  |  |
| Ра         | rt XII Financial Statements and Reporting   |            |      |                |       |  |  |
|            | Check if Schedule O contains a response or note to any line in this Part XII  |            |      |                | X     |  |  |
| 1          | Accounting method used to prepare the Form 990: Cash X Accrual Other  |            |      | Yes            | No    |  |  |
| _          | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.                             |            |      |                |       |  |  |
| 2a         | Were the organization's financial statements compiled or reviewed by an independent accountant?   |            | 2a   |                | X     |  |  |
|            | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed                               | d on a     |      |                |       |  |  |
|            | separate basis, consolidated basis, or both:  |            |      |                |       |  |  |
|            | Separate basis Consolidated basis Both consolidated and separate basis  |            |      |                |       |  |  |
| b          | Were the organization's financial statements audited by an independent accountant?  |            | 2b   | X              |       |  |  |
|            | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat                               | e basis,   |      |                |       |  |  |
|            | consolidated basis, or both:  |            |      |                |       |  |  |
|            | Separate basis Consolidated basis Both consolidated and separate basis  |            |      |                |       |  |  |
| С          | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the                            | e audit,   |      |                |       |  |  |
|            | review, or compilation of its financial statements and selection of an independent accountant?  |            | 2c   | X              |       |  |  |
|            | If the organization changed either its oversight process or selection process during the tax year, explain on Sch                             | nedule O.  |      |                |       |  |  |
| За         | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir                           | ngle Audit |      |                |       |  |  |
|            | Act and OMB Circular A-133?   |            | 3a   |                | X     |  |  |
| b          | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ                             | ired audit |      |                |       |  |  |
|            | or audits, explain why on Schedule O and describe any steps taken to undergo such audits  |            | 3h   |                |       |  |  |

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

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

OMB No. 1545-0047

Employer identification number

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

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

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

| Sed  | ction A. Public Support   |                       |                      |                      |                      |                     |                        |
|------|---|-----------------------|----------------------|----------------------|----------------------|---------------------|------------------------|
| Cale | ndar year (or fiscal year beginning in)                             | (a) 2015              | <b>(b)</b> 2016      | (c) 2017             | (d) 2018             | (e) 2019            | (f) Total              |
| 1    | Gifts, grants, contributions, and                                   |                       |                      |                      |                      |                     |                        |
|      | membership fees received. (Do not                                   |                       |                      |                      |                      |                     |                        |
|      | include any "unusual grants.")                                      | 3323920.              | 3607416.             | 3904597.             | 4451235.             | 5795930.            | 21083098.              |
| 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                                     | 222222                | 2605446              | 2004505              | 4454005              | FF0F000             | 0100000                |
|      | Total. Add lines 1 through 3  | 3323920.              | 3607416.             | 3904597.             | 4451235.             | 5795930.            | 21083098.              |
| 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,  |                       |                      |                      |                      |                     | 006 150                |
|      | column (f)  |                       |                      |                      |                      |                     | 926,159.               |
|      | Public support. Subtract line 5 from line 4.                        |                       |                      |                      |                      |                     | 20156939.              |
|      |   | (-) 004E              | (I-) 0040            | (-) 0047             | /-I\ 0040            | (-) 0040            | (6) T-+-1              |
|      | ndar year (or fiscal year beginning in)                             | (a) 2015<br>3323920.  | (b) 2016<br>3607416. | (c) 2017<br>3904597. | (d) 2018<br>4451235. | (e) 2019<br>5795930 | (f) Total<br>21083098. |
|      | Amounts from line 4   | 3323720.              | 3007410.             | 3704377.             | 4431233.             | 3773730.            | 21003030.              |
| 8    | Gross income from interest,   |                       |                      |                      |                      |                     |                        |
|      | dividends, payments received on                                     |                       |                      |                      |                      |                     |                        |
|      | securities loans, rents, royalties, and income from similar sources |                       |                      |                      |                      |                     |                        |
| ۵    | Net income from unrelated business                                  |                       |                      |                      |                      |                     |                        |
| 3    | activities, whether or not the                                      |                       |                      |                      |                      |                     |                        |
|      | business is regularly carried on                                    |                       |                      |                      |                      |                     |                        |
| 10   | Other income. Do not include gain                                   |                       |                      |                      |                      |                     |                        |
|      | or loss from the sale of capital                                    |                       |                      |                      |                      |                     |                        |
|      | assets (Explain in Part VI.)  | 211,929.              | 242,488.             | 450,184.             | 502,249.             | 533,099.            | 1939949.               |
| 11   | <b>Total support.</b> Add lines 7 through 10                        | ·                     |                      | ·                    |                      |                     | 23023047.              |
|      | Gross receipts from related activities,                             | etc. (see instruction | ons)                 |                      |                      | 12                  |                        |
|      | First five years. If the Form 990 is for                            |                       |                      |                      |                      | n 501(c)(3)         |                        |
|      | organization, check this box and stop                               | here                  |                      |                      |                      |                     |                        |
| Sec  | ction C. Computation of Publ  |                       |                      |                      |                      |                     |                        |
| 14   | Public support percentage for 2019 (I                               | line 6, column (f) di | vided by line 11, o  | olumn (f))           |                      | 14                  | 87.55 %                |
| 15   | Public support percentage from 2018                                 | Schedule A, Part      | II, line 14          |                      |                      | 15                  | 83.58 %                |
| 16a  | 33 1/3% support test - 2019. 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       | as a publicly supp    | orted organization   |                      |                      |                     | <b>&gt;</b> X          |
| b    | 33 1/3% support test - 2018. If the o                               |                       |                      |                      |                      |                     |                        |
|      | and <b>stop here.</b> The organization qual                         | ifies as a publicly s | supported organiza   | ation                |                      |                     | ▶□                     |
| 17a  | 10% -facts-and-circumstances tes                                    | •                     |                      |                      |                      |                     | •                      |
|      | and if the organization meets the "fac                              |                       |                      |                      |                      | ~                   |                        |
|      | meets the "facts-and-circumstances"                                 | test. The organiza    | tion qualifies as a  | publicly supported   | d organization       |                     | ▶□                     |
| b    | 10% -facts-and-circumstances tes                                    | •                     |                      |                      |                      | •                   |                        |
|      | more, and if the organization meets the                             |                       |                      |                      | -                    |                     |                        |
|      | organization meets the "facts-and-circ                              |                       |                      |                      |                      |                     |                        |
| 18   | Private foundation. If the organization                             | n did not check a     | box on line 13, 16   | a, 16b, 17a, or 17b  | o, check this box a  | nd see instruction  | ns ▶Ш                  |

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

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

| Sec        | ction A. Public Support   | now, please com    | ipiete i ait ii.)     |                        |                   |                       |            |
|------------|---|--------------------|-----------------------|------------------------|-------------------|-----------------------|------------|
|            | ndar year (or fiscal year beginning in)                                   | (a) 2015           | <b>(b)</b> 2016       | (c) 2017               | (d) 2018          | (e) 2019              | (f) Total  |
|            | Gifts, grants, contributions, and   |                    |                       | , ,                    | , ,               |                       | ,          |
|            | membership fees received. (Do not   |                    |                       |                        |                   |                       |            |
|            | include any "unusual grants.")  |                    |                       |                        |                   |                       |            |
| 2          | Gross receipts from admissions,   |                    |                       |                        |                   |                       |            |
| _          | merchandise sold or services per-   |                    |                       |                        |                   |                       |            |
|            | formed, or facilities furnished in  |                    |                       |                        |                   |                       |            |
|            | any activity that is related to the                                       |                    |                       |                        |                   |                       |            |
| 2          | 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   |                    |                       |                        |                   |                       |            |
| 6          | Total. Add lines 1 through 5  |                    |                       |                        |                   |                       |            |
| 7 <i>a</i> | Amounts included on lines 1, 2, and                                       |                    |                       |                        |                   |                       |            |
|            | 3 received from disqualified persons                                      |                    |                       |                        |                   |                       |            |
| b          | Amounts included on lines 2 and 3 received                                |                    |                       |                        |                   |                       |            |
|            | from other than disqualified persons that                                 |                    |                       |                        |                   |                       |            |
|            | exceed the greater of \$5,000 or 1% of the amount on line 13 for the year |                    |                       |                        |                   |                       |            |
| c          | Add lines 7a and 7b   |                    |                       |                        |                   |                       |            |
|            | Public support. (Subtract line 7c from line 6.)                           |                    |                       |                        |                   |                       |            |
| Sed        | etion B. Total Support  |                    |                       |                        |                   |                       |            |
|            | ndar year (or fiscal year beginning in)                                   | (a) 2015           | <b>(b)</b> 2016       | (c) 2017               | (d) 2018          | (e) 2019              | (f) Total  |
|            | Amounts from line 6   | (u) 2010           | (5) 2010              | (0) 2017               | (u) 2010          | (6) 2010              | (i) Total  |
|            | 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  |                    |                       |                        |                   |                       |            |
|            | Add lines 10a and 10b   |                    |                       |                        |                   |                       |            |
| 11         | Net income from unrelated business  |                    |                       |                        |                   |                       |            |
|            | activities not included in line 10b, whether or not the business is       |                    |                       |                        |                   |                       |            |
|            | regularly carried on  |                    |                       |                        |                   |                       |            |
| 12         | Other income. Do not include gain   |                    |                       |                        |                   |                       |            |
|            | or loss from the sale of capital assets (Explain in Part VI.)             |                    |                       |                        |                   |                       |            |
| 13         | Total support. (Add lines 9, 10c, 11, and 12.)                            |                    |                       |                        |                   |                       |            |
|            | First five years. If the Form 990 is for                                  | the organization   | 's first, second, thi | rd, fourth, or fifth t | ax year as a sect | ion 501(c)(3) organiz | zation,    |
|            |   | ū                  |                       |                        | •                 |                       |            |
| Sed        | tion C. Computation of Publi  |                    |                       |                        |                   |                       |            |
| 15         | Public support percentage for 2019 (li                                    | ne 8, column (f),  | divided by line 13,   | column (f))            |                   | 15                    | 9          |
|            | Public support percentage from 2018                                       |                    |                       |                        |                   | 16                    | 9          |
|            | tion D. Computation of Inves  |                    |                       |                        |                   | <u>'</u>              |            |
|            | Investment income percentage for 20                                       |                    |                       |                        |                   | 17                    | Ç          |
|            | Investment income percentage from 2                                       |                    |                       |                        |                   | 18                    | Ç          |
|            | 33 1/3% support tests - 2019. If the                                      |                    |                       |                        |                   |                       |            |
| .50        | more than 33 1/3%, check this box ar                                      |                    |                       |                        |                   |                       | ., 13 1100 |
| 1-         |   |                    |                       |                        |                   |                       |            |
| D          | 33 1/3% support tests - 2018. If the                                      | •                  |                       |                        | •                 | •                     |            |
|            | line 18 is not more than 33 1/3%, chec                                    |                    |                       |                        |                   |                       |            |
| 20         | Private foundation. If the organization                                   | ii ala not check a | 1 DOX ON IINE 14, 19  | a. or 190. check t     | nis box and see i | nstructions           | ▶∟         |

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

|     |          | Yes    | No   |
|-----|----------|--------|------|
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|     | 1        |        |      |
|     |          |        |      |
|     | 2        |        |      |
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|     | За       |        |      |
|     |          |        |      |
|     | 3b       |        |      |
|     |          |        |      |
|     | 3с       |        |      |
|     |          |        |      |
|     | 4a       |        |      |
|     |          |        |      |
|     | 4b       |        |      |
|     |          |        |      |
|     | 4c       |        |      |
|     |          |        |      |
|     | 5a       |        |      |
|     |          |        |      |
|     | 5b       |        |      |
|     | 5c       |        |      |
|     |          |        |      |
|     | 6        |        |      |
|     |          |        |      |
|     | 7        |        |      |
|     |          |        |      |
|     | 8        |        |      |
|     |          |        |      |
|     | 9a       |        |      |
|     | 9b       |        |      |
|     |          |        |      |
|     | 9с       |        |      |
|     |          |        |      |
|     | 10a      |        |      |
|     |          |        |      |
|     | 10b      |        |      |
| m 9 | 90 or 99 | 90-EZ) | 2019 |

| Par              | t IV   Supporting Organizations (continued)   |           |     | <u> </u> |
|------------------|---|-----------|-----|----------|
|                  | i.i. 5 5 (continued)  |           | Yes | No       |
| 11               | Has the organization accepted a gift or contribution from any of the following persons?                                       |           |     |          |
| а                | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)                  |           |     |          |
|                  | below, the governing body of a supported organization?  | 11a       |     |          |
| b                | A family member of a person described in (a) above?   | 11b       |     |          |
|                  | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.         | 11c       |     |          |
|                  | tion B. Type I Supporting Organizations   | •         |     |          |
|                  |   |           | Yes | No       |
| 1                | Did the directors, trustees, or membership of one or more supported organizations have the power to                           |           |     |          |
|                  | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the            |           |     |          |
|                  | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or                 |           |     |          |
|                  | controlled the organization's activities. If the organization had more than one supported organization,                       |           |     |          |
|                  | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported                     |           |     |          |
|                  | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                        | 1         |     |          |
| 2                | Did the organization operate for the benefit of any supported organization other than the supported                           |           |     |          |
|                  | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                    |           |     |          |
|                  | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                   |           |     |          |
|                  | supervised, or controlled the supporting organization.  | 2         |     |          |
| Sec              | tion C. Type II Supporting Organizations  |           |     |          |
|                  |   |           | Yes | No       |
| 1                | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors              |           |     |          |
|                  | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                 |           |     |          |
|                  | or management of the supporting organization was vested in the same persons that controlled or managed                        |           |     |          |
|                  | the supported organization(s).  | 1         |     |          |
| Sec              | tion D. All Type III Supporting Organizations   |           |     |          |
|                  |   |           | Yes | No       |
| 1                | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                |           |     |          |
|                  | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax         |           |     |          |
|                  | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the        |           |     |          |
|                  | organization's governing documents in effect on the date of notification, to the extent not previously provided?              | 1         |     |          |
| 2                | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported              |           |     |          |
|                  | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how            |           |     |          |
|                  | the organization maintained a close and continuous working relationship with the supported organization(s).                   | 2         |     |          |
| 3                | By reason of the relationship described in (2), did the organization's supported organizations have a                         |           |     |          |
|                  | significant voice in the organization's investment policies and in directing the use of the organization's                    |           |     |          |
|                  | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's                  |           |     |          |
|                  | supported organizations played in this regard.  | 3         |     |          |
| Sec <sup>-</sup> | tion E. Type III Functionally Integrated Supporting Organizations   |           |     |          |
| 1                | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions | ).        |     |          |
| а                | 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 government entity (see instance)    | tructions | s). |          |
| 2                | Activities Test. Answer (a) and (b) below.  |           | Yes | No       |
| а                | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of            |           |     |          |
|                  | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                    |           |     |          |
|                  | those supported organizations and explain how these activities directly furthered their exempt purposes,                      |           |     |          |
|                  | how the organization was responsive to those supported organizations, and how the organization determined                     |           |     |          |
| _                | that these activities constituted substantially all of its activities.  | 2a        |     |          |
| b                | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more           |           |     |          |
|                  | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the                  |           |     |          |
|                  | reasons for the organization's position that its supported organization(s) would have engaged in these                        | -         |     |          |
| _                | activities but for the organization's involvement.  | 2b        |     |          |
| 3                | Parent of Supported Organizations. Answer (a) and (b) below.  |           |     |          |
| а                | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                   |           |     |          |
|                  | trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>                                    | 3a        |     |          |
| b                | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each           |           |     |          |

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

| Pa   | Type III Non-Functionally Integrated 509(a)(3) Supportin                       | g Org     | anizations                   | <b>3</b>                       |
|------|--|-----------|------------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifyin | g trust c | on Nov. 20, 1970 (explain in | Part VI). See instructions. A  |
|      | other Type III non-functionally integrated supporting organizations must co    | mplete    | Sections A through E.        |                                |
| Sect | ion A - Adjusted Net Income  |           | (A) Prior Year               | (B) Current Year<br>(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<br>(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 1-1/2% of line 3 (for greater amount,   |           |                              |                                |
|      | see instructions).   | 4         |                              |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)               | 5         |                              |                                |
| 6    | Multiply line 5 by .035.   | 6         |                              |                                |
| 7    | Recoveries of prior-year distributions   | 7         |                              |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                    | 8         |                              |                                |
| Sect | ion C - Distributable Amount   |           |                              | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)          | 1         |                              |                                |
| 2    | Enter 85% of line 1.   | 2         |                              |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, Column A)         | 3         |                              |                                |
| 4    | Enter greater of line 2 or line 3.   | 4         |                              |                                |
| 5    | Income tax imposed in prior year   | 5         |                              |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to           |           |                              |                                |
|      | emergency temporary reduction (see instructions).                              | 6         |                              |                                |
| 7    | Check here if the current year is the organization's first as a non-functional | ly integr | ated Type III supporting org | anization (see                 |
|      | instructions).   |           |                              |                                |

Schedule A (Form 990 or 990-EZ) 2019

| Par   | Type III Non-Functionally Integrated 509                             | (a)(3) Supporting Orga        | anizations <sub>(continued)</sub>      |   |
|-------|--|-------------------------------|--|---|
| Secti | ion D - Distributions  |                               |  | Current Year                              |
| 1     | Amounts paid to supported organizations to accomplish exe            |                               |  |   |
| 2     | Amounts paid to perform activity that directly furthers exemp        |                               |  |   |
|       | organizations, in excess of income from activity                     |                               |  |   |
| 3     | Administrative expenses paid to accomplish exempt purpose            | es of supported organization  | ns                                     |   |
| 4     | Amounts paid to acquire exempt-use assets                            |                               |  |   |
| 5     | Qualified set-aside amounts (prior IRS approval required)            |                               |  |   |
| 6     | Other distributions (describe in <b>Part VI</b> ). See instructions. |                               |  |   |
| 7     | <b>Total annual distributions.</b> Add lines 1 through 6.            |                               |  |   |
| 8     | Distributions to attentive supported organizations to which the      | he organization is responsive | e                                      |   |
|       | (provide details in <b>Part VI</b> ). See instructions.              |                               |  |   |
| 9     | Distributable amount for 2019 from Section C, line 6                 |                               |  |   |
| 10    | Line 8 amount divided by line 9 amount                               |                               |  |   |
| Secti | ion E - Distribution Allocations (see instructions)                  | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1     | Distributable amount for 2019 from Section C, line 6                 |                               |  |   |
| 2     | Underdistributions, if any, for years prior to 2019 (reason-         |                               |  |   |
|       | able cause required- explain in <b>Part VI</b> ). See instructions.  |                               |  |   |
| 3     | Excess distributions carryover, if any, to 2019                      |                               |  |   |
| а     | From 2014  |                               |  |   |
| b     | From 2015  |                               |  |   |
| С     | From 2016  |                               |  |   |
| d     | From 2017  |                               |  |   |
| е     | From 2018  |                               |  |   |
| f     | Total of lines 3a through e  |                               |  |   |
| g     | Applied to underdistributions of prior years                         |                               |  |   |
| h     | Applied to 2019 distributable amount                                 |                               |  |   |
| i     | Carryover from 2014 not applied (see instructions)                   |                               |  |   |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                    |                               |  |   |
| 4     | Distributions for 2019 from Section D,                               |                               |  |   |
|       | line 7: \$   |                               |  |   |
| а     | Applied to underdistributions of prior years                         |                               |  |   |
| b     | Applied to 2019 distributable amount                                 |                               |  |   |
| С     | Remainder. Subtract lines 4a and 4b from 4.                          |                               |  |   |
| 5     | Remaining underdistributions for years prior to 2019, if             |                               |  |   |
|       | any. Subtract lines 3g and 4a from line 2. For result greater        |                               |  |   |
|       | than zero, explain in <b>Part VI.</b> See instructions.              |                               |  |   |
| 6     | Remaining underdistributions for 2019. Subtract lines 3h             |                               |  |   |
|       | and 4b from line 1. For result greater than zero, explain in         |                               |  |   |
|       | Part VI. See instructions.   |                               |  |   |
| 7     | Excess distributions carryover to 2020. Add lines 3j                 |                               |  |   |
|       | and 4c.  |                               |  |   |
| 8     | Breakdown of line 7:   |                               |  |   |
|       | Excess from 2015   |                               |  |   |
|       | Excess from 2016   |                               |  |   |
|       | Excess from 2017   |                               |  |   |
|       | Excess from 2018   |                               |  |   |
| е     | Excess from 2019   |                               |  |   |

Schedule A (Form 990 or 990-EZ) 2019

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

#### Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number Name of the organization Orphan Outreach 56-2623813 Organization type (check one):

| Filers of:   | Section:  |
|--|---|
| Form 990 or 990-EZ   | $\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization   |
|  | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation  |
|  | 527 political organization  |
| Form 990-PF  | 501(c)(3) exempt private foundation   |
|  | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |
|  | 501(c)(3) taxable private foundation  |
|  |   |
| Check if your organization is                                    | s covered by the <b>General Rule</b> or a <b>Special Rule</b> .   |
|  | 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.   |
| General Rule   |   |
|  | i filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.  |
|  |   |
| Special Rules  |   |
| sections 509(a)(1) a<br>any one contributo                       | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, 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; line 1. Complete Parts I and II.  |
| year, total contribu   | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I, II, and III.   |
| year, contributions<br>is checked, enter h<br>purpose. Don't con | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year |
|  | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),<br>Part IV. line 2. of its Form 990: or check the box on line H of its Form 990-EZ or on its Form 990-PF. Part I. line 2. to   |

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

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

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

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

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if add | ditional space is needed.  |  |
|------------|--|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c) Total contributions    | (d)<br>Type of contribution  |
| 1          |  | \$1,100,000.               | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c) Total contributions    | (d)<br>Type of contribution  |
| 2          |  | \$\$\$                     | Person X Payroll X Noncash X (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c) Total contributions    | (d)<br>Type of contribution  |
| 3          | <u>T</u>   | \$\$\$                     | Person X Payroll   |
| (a)        | (b)  | (c)                        | (d)  |
| No. 4      | Name, address, and ZIP + 4   | * \$ \$ \$ 232,619.        | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c) Total contributions    | (d)<br>Type of contribution  |
| 5          |  | s <u>121,075.</u>          | Person X Payroll Noncash  (Complete Part II for noncash contributions.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)       |

Name of organization Employer identification number

### Orphan Outreach

56-2623813

| Part II                      | Noncash Property (see instructions). Use duplicate copies of P | Part II if additional space is needed.    |                          |
|------------------------------|--|---|--------------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received     |
|                              | Publicly Traded Securities                                     |   |                          |
|                              |  |   |                          |
|                              |  | \$84,405.                                 | 03/14/19                 |
| (a)<br>No.                   | (b)  | (c)                                       | (d)                      |
| from<br>Part I               | Description of noncash property given                          | FMV (or estimate) (See instructions.)     | Date received            |
|                              |  |   |                          |
|                              |  | \$  |                          |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received     |
|                              |  |   |                          |
|                              |  |   |                          |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received     |
|                              |  |   |                          |
|                              |  |   |                          |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received     |
|                              |  |   |                          |
|                              |  | \$  |                          |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received     |
|                              |  |   |                          |
|                              |  |   |                          |
| 453 11-06                    |  | \$  | 90. 990-F7 or 990-PF) (3 |

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

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Orphan Outreach

Employer identification number 56-2623813

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

| Par        | rt III Organizations Maintai             | ining Colle      | ections of A         | rt, Hist     | orical Tr     | easures, c     | or Other     | Simila            | ar Asse    | <b>ts</b> (continue | ed)      |
|------------|--|------------------|----------------------|--------------|---------------|----------------|--------------|-------------------|------------|---------------------|----------|
| 3          | Using the organization's acquisition,    | accession, a     | nd other record      | ds, check    | any of the    | following tha  | t make sig   | gnificant         | use of its |                     |          |
|            | collection items (check all that apply   | ·):              |                      |              |               |                |              |                   |            |                     |          |
| а          | Public exhibition                        |                  | d                    | ι 🔲 ι        | _oan or exc   | hange progra   | am           |                   |            |                     |          |
| b          | Scholarly research                       |                  | е                    |              | Other         |                |              |                   |            |                     |          |
| С          | Preservation for future general          | tions            |                      |              |               |                |              |                   |            |                     |          |
| 4          | Provide a description of the organiza    | ation's collect  | ions and explai      | n how th     | ey further t  | the organizati | on's exem    | pt purpo          | se in Par  | t XIII.             |          |
| 5          | During the year, did the organization    | solicit or rece  | eive donations       | of art, his  | storical trea | asures, or oth | er similar a | assets            |            |                     |          |
|            | to be sold to raise funds rather than    | to be maintai    | ned as part of t     | the orgar    | nization's c  | ollection?     |              |                   |            | Yes                 | No_      |
| Par        | rt IV Escrow and Custodial               | Arrangem         | <b>nents.</b> Comple | ete if the   | organizatio   | on answered '  | 'Yes" on F   | orm 990           | , Part IV, | line 9, or          |          |
|            | reported an amount on Form               | 990, Part X, li  | ine 21.              |              |               |                |              |                   |            |                     |          |
| 1a         | Is the organization an agent, trustee    | , custodian or   | r other intermed     | diary for    | contributio   | ns or other as | sets not ir  | ncluded           |            |                     |          |
|            | on Form 990, Part X?                     |                  |                      |              |               |                |              |                   | L          | Yes                 | No       |
| b          | If "Yes," explain the arrangement in     | Part XIII and o  | complete the fo      | llowing t    | able:         |                |              |                   |            |                     |          |
|            |  |                  |                      |              |               |                |              |                   |            | Amount              |          |
| С          | Beginning balance                        |                  |                      |              |               |                |              | 1c                |            |                     |          |
| d          | Additions during the year                |                  |                      |              |               |                |              | 1d                |            |                     |          |
| е          | Distributions during the year            |                  |                      |              |               |                |              | 1e                |            |                     |          |
| f          | Ending balance                           |                  |                      |              |               |                |              | 1f                |            |                     |          |
| <b>2</b> a | Did the organization include an amou     | unt on Form 9    | 990, Part X, line    | 21, for e    | escrow or c   | ustodial acco  | unt liabilit | y?                | L          | 」Yes │              | No       |
|            | If "Yes," explain the arrangement in     |                  |                      |              |               |                |              |                   |            |                     |          |
| Par        | rt V   Endowment Funds. Co               | mplete if the    | organization ar      | swered       | "Yes" on F    |                |              |                   |            |                     |          |
|            |  | <del>- ` `</del> | Current year         | <b>(b)</b> P | rior year     | (c) Two year   | s back (c    | <b>i)</b> Three y | ears back  | <b>(e)</b> Four ye  | ars back |
| 1a         | 0 0 ,                                    |                  |                      |              |               |                |              |                   |            |                     |          |
| b          | Contributions                            |                  |                      |              |               |                |              |                   |            |                     |          |
| С          | Net investment earnings, gains, and      | losses           |                      |              |               |                |              |                   |            |                     |          |
| d          | Grants or scholarships                   |                  |                      |              |               |                |              |                   |            |                     |          |
| е          | Other expenditures for facilities        |                  |                      |              |               |                |              |                   |            |                     |          |
|            | and programs                             |                  |                      |              |               |                |              |                   |            |                     |          |
| f          | Administrative expenses                  |                  |                      |              |               |                |              |                   |            |                     |          |
| g          |  |                  |                      |              |               |                |              |                   |            |                     |          |
| 2          | Provide the estimated percentage of      |                  | ear end balanc       | ce (line 1   | g, column (   | a)) held as:   |              |                   |            |                     |          |
| а          | J 1                                      | ent 🕨            |                      | _%           |               |                |              |                   |            |                     |          |
| b          |  |                  | _%                   |              |               |                |              |                   |            |                     |          |
| С          |  | %                |                      |              |               |                |              |                   |            |                     |          |
|            | The percentages on lines 2a, 2b, and     |                  | •                    |              |               |                |              |                   |            |                     |          |
| 3a         | Are there endowment funds not in the     | ne possessior    | n of the organiz     | ation tha    | it are held a | and administe  | red for the  | e organiz         | ation      |                     |          |
|            | by:                                      |                  |                      |              |               |                |              |                   |            | Ye                  | es No    |
|            | (i) Unrelated organizations              |                  |                      |              |               |                |              |                   |            | 3a(i)               |          |
|            | (ii) Related organizations               |                  |                      |              |               |                |              |                   |            |                     |          |
|            | If "Yes" on line 3a(ii), are the related |                  |                      |              |               | )              |              |                   |            | 3b                  |          |
| 4<br>Do:   | Describe in Part XIII the intended us    |                  |                      | owment 1     | unds.         |                |              |                   |            |                     |          |
| Par        | rt VI Land, Buildings, and E             |                  |                      |              |               |                |              | 40                |            |                     |          |
|            | Complete if the organization a           | answered "Ye     |                      |              |               | 1              |              |                   | .          | (1) 5               |          |
|            | Description of property                  |                  | (a) Cost or o        |              |               | t or other     |              | cumulate          | d          | (d) Book v          | alue     |
|            | Lord                                     |                  | basis (investr       | nenii)       | Dasis         | (other)        | uepr         | eciation          |            |                     |          |
|            | Land                                     |                  |                      |              |               |                |              |                   |            |                     |          |
| b          | 9  |                  |                      |              | 1             | 6,823.         |              |                   | _          | 16                  | 823.     |
|            | 1  |                  |                      |              |               | 5,207.         |              | 22,92             | 73         |                     | 284.     |
|            |  |                  |                      |              |               |                |              | 44,34             |            |                     | 404.     |
|            | Other                                    |                  | Form 990 Port        | Y colun      | an (R) line   | 100)           |              |                   |            | 39                  | 107.     |

| Part VII     | Investments - Other Securities.   |                            |  |                        |
|--------------|---|----------------------------|--|------------------------|
| (a) Docorin  | Complete if the organization answered "Yes" of control |                            |  | d of year market value |
| • • •        | otion of security or category (including name of security)  | (b) Book value             | (c) Method of valuation: Cost or en        | d-of-year market value |
|              | al derivatives  |                            |  |                        |
|              | held equity interests   |                            |  |                        |
| (3) Other    |   |                            |  |                        |
| (A)          |   |                            |  |                        |
| (B)          |   |                            |  |                        |
| (C)          |   |                            |  |                        |
| (D)          |   |                            |  |                        |
| (E)          |   |                            |  |                        |
| (F)          |   |                            |  |                        |
| (G)          |   |                            |  |                        |
| (H)          | th) are at a small Farms (200, Part V, and (P) line (O)   |                            |  |                        |
|              | b) must equal Form 990, Part X, col. (B) line 12.)  |                            |  |                        |
| Part VIII    | Investments - Program Related.  |                            |  |                        |
|              | Complete if the organization answered "Yes" (   |                            |  | d of                   |
|              | (a) Description of investment   | (b) Book value             | (c) Method of valuation: Cost or en        | d-or-year market value |
| (1)          |   |                            |  |                        |
| (2)          |   |                            |  |                        |
| (3)          |   |                            |  |                        |
| (4)          |   |                            |  |                        |
| (5)          |   |                            |  |                        |
| (6)          |   |                            |  |                        |
| (7)          |   |                            |  |                        |
| (8)          |   |                            |  |                        |
| (9)          |   |                            |  |                        |
|              | b) must equal Form 990, Part X, col. (B) line 13.)  |                            |  |                        |
| Part IX      | Other Assets.   |                            |  |                        |
|              | Complete if the organization answered "Yes" (   |                            | 11d. See Form 990, Part X, line 15.        | (h) Daalaaalaa         |
|              | (a) L   | Description                |  | (b) Book value         |
| (1)          |   |                            |  |                        |
| (2)          |   |                            |  |                        |
| (3)          |   |                            |  |                        |
| (4)          |   |                            |  |                        |
| (5)          |   |                            |  |                        |
| (6)          |   |                            |  |                        |
| (7)          |   |                            |  |                        |
| (8)          |   |                            |  |                        |
| (9)          |   |                            |  |                        |
|              | umn (b) must equal Form 990, Part X, col. (B) line  | 15.)                       | <b>&gt;</b>                                |                        |
| Part X       | Other Liabilities.  |                            |  | _                      |
| _            | Complete if the organization answered "Yes" (   | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 2   |                        |
| 1.           | (a) Description of liability  |                            |  | (b) Book value         |
| . ,          | deral income taxes  |                            |  |                        |
| (2)          |   |                            |  |                        |
| (3)          |   |                            |  |                        |
| (4)          |   |                            |  |                        |
| (5)          |   |                            |  |                        |
| (6)          |   |                            |  |                        |
| (7)          |   |                            |  |                        |
| (8)          |   |                            |  |                        |
| (9)          |   |                            |  |                        |
|              | ımn (b) must equal Form 990, Part X, col. (B) line  |                            |  |                        |
| 2. Liability | for uncertain tax positions. In Part XIII, provide  | the text of the footnote t | o the organization's financial statements  | that reports the       |
| organiz      | ation's liability for uncertain tax positions under   | FASB ASC 740. Check h      | ere if the text of the footnote has been p | rovided in Part XIII   |

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 6,143,828. 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 52,320. **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 52,320. e Add lines 2a through 2d 2e 6,091,508. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 6.091 508. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5,111,473. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: 52,320. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses d Other (Describe in Part XIII.) 52,320. e Add lines 2a through 2d 2e 5,059,153. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 5,059,153. 5 Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

#### **Statement of Activities Outside the United States**

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

Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

**Employer identification number** 

Orphan Outreach 56-2623813 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? \_\_\_\_\_X Yes \_\_\_\_\_No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (f) Total (a) Region (b) Number of (c) Number of (d) Activities conducted in the region émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region Grants to Recipients Central America and Located in Region and the Caribbean Program Services Missionary Services 1,094,480. Grants to Recipients Sub-Saharan Africa 0 Located in Region 656,349. Grants to Recipients Russia and the Newly Located in Region and Program Services Independent States 0 OVC and Family Services 353,096. Grants to Recipients Located in Region and Program Services 0 South Asia OVC and Family Services 221,499. Grants to Recipients Europe 0 Located in Region 66,101.

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

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Schedule F (Form 990) 2019

2,391,525.

2,391,525.

0.

and 3b)

3 a Subtotal

**b** Total from continuation

sheets to Part I ........
c Totals (add lines 3a

56-2623813

| 1 (a) Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) |                                | (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<br>valuation (book, FMV,<br>appraisal, other) |
|----------------------------|---|--------------------------------|--------------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
|                            |   |                                |                                |                          |                                 |                                  |                                       |   |
|                            |   | Sub-Saharan                    |                                |                          |                                 |                                  |                                       |   |
|                            |   | Africa                         | General support                | 656,349.                 | Wire                            | 0.                               |                                       |   |
|                            |   |                                |                                |                          |                                 |                                  |                                       |   |
|                            |   | Central America                |                                |                          |                                 |                                  |                                       |   |
|                            |   | and the Caribbean              | General support                | 349,264.                 | Wire                            | 0.                               |                                       |   |
|                            |   |                                |                                |                          |                                 |                                  |                                       |   |
|                            |   | Central America                |                                |                          |                                 |                                  |                                       |   |
|                            |   | and the Caribbean              | General support                | 539,816.                 | Wire                            | 0.                               |                                       |   |
|                            |   |                                |                                |                          |                                 |                                  |                                       |   |
|                            |   |                                |                                |                          |                                 |                                  |                                       |   |
|                            |   | Europe                         | General support                | 66,101.                  | Wire                            | 0.                               |                                       |   |
|                            |   |                                |                                |                          |                                 |                                  |                                       |   |
|                            |   |                                |                                |                          |                                 |                                  |                                       |   |
|                            |   | South Asia                     | General support                | 37,727.                  | Wire                            | 0.                               |                                       |   |
|                            |   |                                |                                |                          |                                 |                                  |                                       |   |
|                            |   |                                |                                |                          |                                 |                                  |                                       |   |
|                            |   | South Asia                     | General support                | 97,701.                  | Wire                            | 0.                               |                                       |   |
|                            |   |                                |                                | ,                        |                                 |                                  |                                       |   |
|                            |   |                                |                                |                          |                                 |                                  |                                       |   |
|                            |   | South Asia                     | General support                | 11,997.                  | <br> Wire                       | 0.                               |                                       |   |
|                            |   |                                |                                | , ,                      |                                 |                                  |                                       |   |
|                            |   |                                |                                |                          |                                 |                                  |                                       |   |
|                            |   |                                |                                |                          |                                 |                                  |                                       |   |
| 2 Enter total number of    | recipient organizatio                               | I<br>ons listed above that are | recognized as charities by the | foreign country          | recognized as tax-e             | l                                |                                       |   |

0

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

Part III can be duplicated if additional space is needed

| Part III can be duplicated if  (a) Type of grant or assistance | (b) Region                                    | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
|--|---|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|--|
| Graduate & orphanage   | Russia and the<br>Newly Independent           |                          |                          |                                 |                                  |                                       |  |
| assistance   | States  | 3                        | 205,527.                 | Wire                            | 0.                               |                                       |  |
| Graduate assistance  | Russia and the<br>Newly Independent<br>States | 1                        | 114,649.                 | Wire                            | 0.                               |                                       |  |
| - Cladate applicance   | beaces  |                          | 111,010.                 | HIIC                            | 1                                |                                       |  |
| Consulting services & management                               | South Asia                                    | 1                        | 32,294.                  | Wire                            | 0.                               |                                       |  |
|  |   |                          |                          |                                 |                                  |                                       |  |
|  |   |                          |                          |                                 |                                  |                                       |  |
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| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)  | Yes   | X No |
|---|---|-------|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes   | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)  | Yes   | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)   | ☐ Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)  | Yes   | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)  | Yes   | X No |

Schedule F (Form 990) 2019

Page 5

#### Part V | Supplemental Information

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

#### Part I, Line 2:

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

#### Part I, line 3:

| using | the | accrual | method | of | accounting. |
|-------|-----|---------|--------|----|-------------|
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The expenditures reported in Part I, Line 3, column (f) are reported

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

| Name of the organization  |  |                    |  |                                   |         |   | ntification number                                      |
|---|--|--------------------|--|-----------------------------------|---------|---|---|
| Orphan  | Outreach   |                    |  |                                   |         | 56-2623   | 813   |
| Part I Fundraising Activities required to complete this pa  | <b>5.</b> Complete if the organization answert.                            | ered "Y            | es" o  | n Form 990, Part IV,              | line 1  | 7. Form 990-EZ  | I filers are not  |
| Indicate whether the organization ra     A Mail solicitations     Internet and email solicitation | ised funds through any of the following e Solicitary Solicitary Solicitary | tion of<br>tion of | non-g<br>gover                                 | overnment grants<br>nment grants  | •       |   |   |
| c Phone solicitations d In-person solicitations   | g Special  | fundra             | aising   | events                            |         |   |   |
|   | Part VII) or entity in connection with p                                   | rofess             | ional f  | fundraising services?             | •       | Yes   |   |
| <b>b</b> If "Yes," list the 10 highest paid ind compensated at least \$5,000 by th                |  | uant to            | agree  | ements under which                | the fu  | undraiser is to b   | oe  |
| (i) Name and address of individual or entity (fundraiser)   | (ii) Activity  |                    | Did<br>raiser<br>ustody<br>itrol of<br>utions? | (iv) Gross receipts from activity | to (c   | Amount paid<br>or retained by)<br>fundraiser<br>ted in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
|   |  | Yes                | No   |                                   |         |   |   |
|   |  |                    |  |                                   |         |   |   |
|   |  |                    |  |                                   |         |   |   |
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|   |  |                    |  |                                   |         |   |   |
| Total   |  |                    |  |                                   |         |   |   |
| 3 List all states in which the organizati or licensing.   |  |                    | outions  | s or has been notified            | d it is | exempt from re  | egistration   |
|   |  |                    |  |                                   |         |   |   |
|   |  |                    |  |                                   |         |   |   |
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|   |  |                    |  |                                   |         |   |   |

|                 |          | ıle G (Form 990 or 990 EZ) 2019 Orpnan                              |                            |                                       |                   | 2623813 Page 2            |
|-----------------|----------|---|----------------------------|---------------------------------------|-------------------|---------------------------|
| Pa              | ırt      |   |                            |                                       |                   |                           |
|                 |          | of fundraising event contributions and gr                           |                            |                                       |                   | ots greater than \$5,000. |
|                 |          |   | (a) Event #1               | (b) Event #2                          | (c) Other events  | (d) Total events          |
|                 |          |   |                            | WOW Luncheon                          | 4                 | (add col. (a) through     |
|                 |          |   | Hope Dinner                | - Dallas                              | 1                 | col. <b>(c)</b> )         |
| æ               |          |   | (event type)               | (event type)                          | (total number)    | ` "                       |
| Revenue         | 1        | Gross receipts  | 373,860.                   | 185,712.                              | 67,422.           | 626,994                   |
|                 | 2        | Less: Contributions   | 67,895.                    | 31,029.                               | 7,290.            | 106,214.                  |
|                 | 3        | Gross income (line 1 minus line 2)                                  | 305,965.                   | 154,683.                              | 60,132.           | 520,780                   |
|                 |          |   |                            |                                       |                   |                           |
|                 | 4        | Cash prizes   |                            |                                       |                   |                           |
| m               | 5        | Noncash prizes  |                            |                                       |                   |                           |
| Direct Expenses | 6        | Rent/facility costs   | 28,483.                    | 11,238.                               |                   | 39,721                    |
| rect E          | 7        | Food and beverages  | 56,607.                    | 17,723.                               |                   | 74,330                    |
| 莅               |          |   |                            |                                       |                   |                           |
|                 | 8        |   |                            | 34,486.                               | 11,779.           | 123,470                   |
|                 | 9        | Other direct expenses   |                            | · · · · · · · · · · · · · · · · · · · |                   | 237,521                   |
|                 | ı        | Net income summary. Subtract line 10 from I                         | . ,                        |                                       | _                 | 283,259                   |
| Pa              |          |   |                            | n 990. Part IV. line 19. or i         |                   |                           |
|                 |          | \$15,000 on Form 990-EZ, line 6a.                                   |                            | , , , ,                               | •                 |                           |
| <b>a</b>        |          |   | (a) Pingo                  | (b) Pull tabs/instant                 | (c) Other gaming  | (d) Total gaming (add     |
| Revenue         |          |   | (a) Bingo                  | bingo/progressive bingo               | (c) Other garning | col. (a) through col. (c) |
| Seve            |          |   |                            |                                       |                   |                           |
| <u> </u>        | 1        | Gross revenue   |                            |                                       |                   |                           |
|                 |          |   |                            |                                       |                   |                           |
| es              | 2        | Cash prizes   |                            |                                       |                   |                           |
| rect Expenses   | 3        | Noncash prizes  |                            |                                       |                   |                           |
| ect E           | <b> </b> | Rent/facility costs   |                            |                                       |                   |                           |
| ä               | *        | nerioraciiity costs   |                            |                                       |                   |                           |
|                 | 5        | Other direct expenses   |                            |                                       |                   |                           |
|                 |          |   | Yes %                      | Yes %                                 | Yes %             |                           |
|                 | 6        | Volunteer labor   | No No                      | No No                                 | No No             |                           |
|                 | 7        | Direct expense summary. Add lines 2 through                         | h 5 in column (d)          |                                       | <b></b>           |                           |
|                 |          | ,   | . ,                        |                                       |                   |                           |
|                 | 8        | Net gaming income summary. Subtract line 7                          | from line 1, column (d)    |                                       | <b>&gt;</b>       |                           |
|                 |          |   |                            |                                       |                   |                           |
| 9               |          | ter the state(s) in which the organization condu                    | <u> </u>                   |                                       |                   |                           |
|                 |          | the organization licensed to conduct gaming a                       | ctivities in each of these | states?                               |                   | . L Yes No                |
| b               | lf "     | 'No," explain:  |                            |                                       |                   |                           |
|                 | _        |   |                            |                                       |                   |                           |
| 10-             | 14/-     | ore any of the organization's seminalisation                        | avokod augrandad aut       | arminated during the tarr             | voor?             | Voc. No.                  |
|                 |          | ere any of the organization's gaming licenses re<br>'Yes," explain: | evokea, suspended, or to   | eminated during the tax               | yedi (            | Yes No                    |
| L.              |          | 100, OAPIGIII.  |                            |                                       |                   |                           |

| Sch | nedule G (Form 990 or 990-EZ) 2019 Orphan Outreach 56-   | 2623         | 813    | Page 3   |
|-----|--|--------------|--------|----------|
|     | Does the organization conduct gaming activities with nonmembers?   |              | Yes    | No       |
|     | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed  |              |        |          |
|     | to administer charitable gaming?   |              | Yes    | ☐ No     |
| 13  | Indicate the percentage of gaming activity conducted in:   |              |        |          |
|     | The organization's facility  | 13a          |        | %        |
| 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:  |              |        |          |
|     | Name ▶  Address ▶  |              |        |          |
|     |  |              |        |          |
| 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 > \$   |              |        |          |
| c   | 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:   |              |        |          |
| a   | a Is the organization required under state law to make charitable distributions from the gaming proceeds to  |              |        |          |
|     | retain the state gaming license?   | Ш            | Yes    | └── No   |
| k   | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the   |              |        |          |
| Do  | organization's own exempt activities during the tax year \$  | N-14 III II  |        | 01- 101- |
| Fa  | <b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | 'art III, II | nes 9, | 96, 106, |
|     | 13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.   |              |        |          |
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| Schedule G | G (Form 990 or 990-EZ) | Orphan Outreach                    | 56-2623813 Page 4 |
|------------|------------------------|------------------------------------|-------------------|
| Part IV    | Supplemental Infor     | Orphan Outreach mation (continued) |                   |
|            |                        |                                    |                   |
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#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 **2019** 

Open to Public Inspection

| Name of the organization                   | Employer identification number |                      |                         |                        |   |                       |                       |
|--|--------------------------------|----------------------|-------------------------|------------------------|---|-----------------------|-----------------------|
| Orphan Ou                                  |                                |                      |                         |                        |   |                       | 56-2623813            |
| Part I General Information on Grants       |                                |                      |                         |                        |   |                       |                       |
| 1 Does the organization maintain records   |                                |                      |                         | -                      | •   |                       |                       |
| criteria used to award the grants or ass   | sistance?                      | itania a tha af awar | A firmale in the Linite | d Otataa               |   |                       | X Yes No              |
| 2 Describe in Part IV the organization's p |                                |                      |                         |                        | anization analyses III                        | Vac" on Form 000. Day | t IV line O1 for any  |
| recipient that received more than          | <del>-</del>                   |                      |                         |                        | anization answered                            | res on Form 990, Par  | tiv, line 21, for any |
| 1 (a) Name and address of organization     | (b) EIN                        | (c) IRC section      | (d) Amount of           | (e) Amount of          | (f) Method of                                 | (g) Description of    | (h) Purpose of grant  |
| or government                              | (b) Env                        | (if applicable)      | cash grant              | non-cash<br>assistance | valuation (book,<br>FMV, appraisal,<br>other) | noncash assistance    | or assistance         |
| Christian Alliance for Orphans             |                                |                      |                         |                        |   |                       |                       |
| 6723 Whittier Avenue                       |                                |                      |                         |                        |   |                       |                       |
| McLean, VA 22107                           | 26-1492375                     | 501(c)(3)            | 5,000.                  | 0.                     |   |                       | General Support       |
| -  |                                |                      | , -                     | -                      |   |                       |                       |
| AAC Adoption                               |                                |                      |                         |                        |   |                       |                       |
| P.O. Box W                                 |                                |                      |                         |                        |   |                       |                       |
| Berthoud, CO 80513                         | 84-1247798                     | 501(c)(3)            | 6,000.                  | 0.                     |   |                       | Adoption Grant        |
| CCAI                                       |                                |                      |                         |                        |   |                       |                       |
| 6920 S. Holly Circle                       |                                |                      |                         |                        |   |                       |                       |
| Centennial, CO 80112                       | 84-1208720                     | 501(c)(3)            | 6,000.                  | 0.                     |   |                       | Adoption Grant        |
| Lifeline Children Services                 |                                |                      |                         |                        |   |                       |                       |
| 100 Missionary Ridge                       |                                |                      |                         |                        |   |                       |                       |
| Birmingham, AL 35242                       | 63-0896878                     | 501(c)(3)            | 12,500.                 | 0.                     |   |                       | Adoption Grant        |
| Small World Adoption                       |                                |                      |                         |                        |   |                       |                       |
| P.O. Box 1109                              |                                |                      |                         |                        |   |                       |                       |
| Mt. Juliet, TN 37121                       | 58-1661474                     | 501(c)(3)            | 14,500.                 | 0.                     |   |                       | Adoption Grant        |
|  |                                |                      |                         |                        |   |                       |                       |
|  |                                |                      |                         |                        |   |                       |                       |
| 2 Enter total number of section 501(c)(3)  |                                |                      | he line 1 table         |                        |   |                       | <b>&gt;</b> 5         |
| 3 Enter total number of other organization | ac lictad in tha lina          | 1 table              |                         |                        |   |                       | 0.                    |

| (a) Type of grant or assistance                            | <b>(b)</b> Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|---------------------------------|--------------------------|---------------------------------------|--|---------------------------------------|
|  |                                 |                          |                                       |  |                                       |
|  |                                 |                          |                                       |  |                                       |
|  |                                 |                          |                                       |  |                                       |
|  |                                 |                          |                                       |  |                                       |
|  |                                 |                          |                                       |  |                                       |
|  |                                 |                          |                                       |  |                                       |
|  |                                 |                          |                                       |  |                                       |
|  |                                 |                          |                                       |  |                                       |
|  |                                 |                          |                                       |  |                                       |
|  |                                 |                          |                                       |  |                                       |
|  |                                 |                          |                                       |  |                                       |
|  |                                 |                          | 6)                                    |  |                                       |
| Part IV Supplemental Information. Provide the information. | on required in Part I, lin      | e 2; Part III, columi    | n (b); and any other a                | dditional information.                                       |                                       |
| Part I, Line 2:  |                                 |                          |                                       |  |                                       |
| The Organization only makes dom                            | estic grant                     | s to 501(                | c)(3) tax-e                           | xempt  |                                       |
| organizations whose exempt purp                            | oses are in                     | furtherar                | nce of thos                           | e of the   |                                       |
| Organization; therefore, no add                            | litional mon                    | itoring of               | f granted f                           | unds is  |                                       |
| considered necessary.                                      |                                 |                          |                                       |  |                                       |
| considered necessary.                                      |                                 |                          |                                       |  |                                       |
|  |                                 |                          |                                       |  |                                       |
|  |                                 |                          |                                       |  |                                       |

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

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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

| Pai    | rt I Types of Property  |                               |                           |   |   |         |     |    |
|--------|---|-------------------------------|---------------------------|---|---|---------|-----|----|
|        |   | (a)<br>Check if<br>applicable | (b) Number of contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of de<br>noncash contribu | etermin | _   | :s |
| 4      | Art Works of art  |                               | items contributed         | Tomin 990, Fait viii, line Tg   |   |         |     |    |
| 1<br>2 | Art - Works of art  |                               |                           |   |   |         |     |    |
|        | 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   | X                             | 3                         | 112,131.  | EMT7                                    |         |     |    |
| 9      | Securities - Publicly traded  |                               |                           | 112,131.  | r m v                                   |         |     |    |
| 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 ()  |                               |                           |   |   |         |     |    |
| 26     | Other ()  |                               |                           |   |   |         |     |    |
| 27     | Other ()  |                               |                           |   |   |         |     |    |
| 28     | Other ()  |                               |                           |   |   |         |     |    |
| 29     | Number of Forms 8283 received by the organi   |                               | -                         |   |   |         | _   |    |
|        | for which the organization completed Form 82  | 83, Part IV,                  | Donee Acknowled           | gement <b>29</b>  |   |         | 0   |    |
|        |   |                               |                           |   |   | $\Box$  | Yes | No |
| 30a    | During the year, did the organization receive b   | y contribution                | on any property rep       | ported in Part I, lines 1 throu   | gh 28, that it                          |         |     |    |
|        | must hold for at least three years from the dat   | e of the initia               | al contribution, and      | d which isn't required to be ι  | ised for                                |         |     |    |
|        | exempt purposes for the entire holding period   | ?                             |                           |   |   | 30a     |     | X  |
| b      | <b>b</b> If "Yes," describe the arrangement in Part II.   |                               |                           |   |   |         |     |    |
| 31     | Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  |                               |                           |   |   |         |     | X  |
| 32a    | a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash |                               |                           |   |   |         |     |    |
|        | contributions?  |                               |                           |   |   | 32a     |     | Х  |
| 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 propert       | y for which column (a) is che   | ecked,                                  |         |     |    |
|        | describe in Part II.  |                               |                           |   |   |         |     |    |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

 OMB No. 1545-0047 **2019**Open to Public

Open to Public Inspection

Name of the organization

Orphan Outreach

Employer identification number 56-2623813

Form 990, Part I, Line 1, Description of Organization Mission:

in Kenya, Guatemala, Honduras, Russia, India, Ukraine, Latvia, and

Nepal.

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

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

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

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

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