Form 990
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.

Information about Form 990 and its instructions is at www.irs.gov/form990



ΑI	For th	e 2013 calendar year, or tax year beginning and o	ending	_	
B	Check if applicab	le: C Name of organization NPH-USA		D Employer identifie	cation number
	Addr				
X	Name			65-1	229309
	Initial returr		Room/suite	E Telephone number	
	Term		500		386-7499
	Amer returr	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	15,125,555.
	Appli tion	^{ca-} CHICAGO, IL 60602		H(a) Is this a group re	turn
	pend	F Name and address of principal officer: A. FRANK DONAGHUE		for subordinates	? 🗌 Yes 🛣 No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		xempt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) c	or 527	lf "No," attach a	list. (see instructions)
		ite: FRIENDSOFTHEORPHANS.ORG		H(c) Group exemption	
	-	forganization: 🔟 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 2004	State of legal domicile: ${ t IL}$
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: WE A	RE DED	ICATED TO T	RANSFORMING
an		THE LIVES OF ORPHANED, ABANDONED AND DISA			
/err	2	Check this box if the organization discontinued its operations or dispose		_	sets. 14
ğ	3				14
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)			45
Activities & Governance	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			150
iţi	6	Total number of volunteers (estimate if necessary)			0.
A		Total unrelated business revenue from Part VIII, column (C), line 12			0.
		Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		17,719,084.	14,636,321.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	-	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,032.	-34,319.
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		275,839.	53,736.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		18,002,955.	14,655,738.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		13,940,607.	10,460,260.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,646,633.	2,644,953.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) > 2,325,35	53.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,175,759.	1,388,301.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		17,762,999.	14,493,514.
	19	Revenue less expenses. Subtract line 18 from line 12		239,956.	162,224.
s or			Ве	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		7,299,142.	6,869,363.
Net Assets (Fund Balanc	21	Total liabilities (Part X, line 26)	∟	1,500,815.	750,210.
		Net assets or fund balances. Subtract line 21 from line 20		5,798,327.	6,119,153.
Pa	art II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer A. FRANK DONAGHUE, CEO Type or print name and title	,	I	Date
			Date	
Paid	Print/Type preparer's name GREGORY S. ADAMS	Preparer's signature	Date	Check PTIN if self-employed PO0095597
Preparer	Firm's name 🕞 CLIFTONLARSONALL	EN LLP	F	irm's EIN 🖌 41–0746749
Use Only	Firm's address 1301 W. 22ND ST, OAK BROOK, IL 60		F	Phone no. (630) 573-8600
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
332001 10-2	9-13 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2013)

33200 10-29-			
			Form 990 (2013)
4e]
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	١
4c	Code:) (Expenses \$ including grants of \$) (Reve	nue \$)
		, , 、	·,
4b	Code:) (Expenses \$ including grants of \$) (Reve	nue \$
	TRANSFORMING THE LIVES OF ORPHANED, AN CHILDREN IN NINE LATIN AMERICA AND CAN OF NUESTROS PEQUENOS HERMANOS AND INCH PLIGHT.	RIBBEAN COUNTRIES	THROUGH SUPPORT
4a	FRIENDS OF THE ORPHANS IS DEDICATED TO	O THE MISSION OF R	AISING AND
4	Describe the organization's program service accomplishments for each of in Section 501(c)(3) and 501(c)(4) organizations are required to report the amore revenue, if any, for each program service reported.	unt of grants and allocations to oth	ners, the total expenses, and
3	Did the organization cease conducting, or make significant changes in how If "Yes," describe these changes on Schedule O.		
2	Did the organization undertake any significant program services during the the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	•	
	SEE SCHEDULE O		
1	Check if Schedule O contains a response or note to any line in this Pa Briefly describe the organization's mission:	art III	
	m 990 (2013) F/K/A FRIENDS OF THE ORPI art III Statement of Program Service Accomplishments		
-	NPH-USA	ING	65-1229309 Page 2

Form 990 (2013)

Part IV Checklist of Required Schedules

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the taxy year <i>N</i> ⁺ /es," complete Schedule <i>C</i> , Part <i>II</i> 4 X 5 Is the organization a section 501(c)(a) 501(c)(c)(a) 501(c)(c) or 501(c)(c) or 501(c)(c) and c)(c) or 501(c)(c) or 501(c)(c)(c) or 501(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 3 Did the organization required to complete Schedule C, Part I 3 X 4 Section S01(c)(3) organizations. Did the organization engage in lobbying activities on behall of or in opposition to candidates for public differed. Schedule C, Part II 4 X 5 Schedule SC, Part II 5 X 6 Did the organization activities Schedule C, Part II 5 X 7 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts // Wes, "complete Schedule D, Part II 6 X 7 Did the organization maintain collection of volves of art, historical treasures, or their similar amounts // Wes, "complete Schedule D, Part II 7 X 9 Did the organization collection of volves of art, historical treasures, or their similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization instruct measset? Yes, "complete Schedule D, Part II 8 X 10 Did the organization report an amount for link's complete Schedule D, Part V 9 X 11	1	•			
3 Did the organization engage in direct or undirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes," complete Schedule C, Part II 3 X 4 Section 501(b)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b)) election in effect during the tax yea? If Yes," complete Schedule C, Part II 4 X 5 Is the organization ascento Tol(c)(b), 501(c)(c), 501(c)(c) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 89:191 If Yes," complete Schedule C, Part II 6 X 7 Did the organization maintain any donor advised truds or any similar funds or accounts for Which donors have the right or provide advice on the distribution or investment of amounts in such funds or accounts? If Yes," complete Schedule D, Part II 6 X 7 Did the organization maintain collections of vorks of at, historical treasures, or other similar assets? If Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not liabid in Part X, provide cadd counseling, debt mangament, recidit reagir, or debt negotiation services? If "Yes," complete Schedule D, Part V 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, ine 167 If Yes," complete Schedule D, Part V 10 X <td></td> <td></td> <td></td> <td></td> <td></td>					
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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 96-1971 // Yes," complete Schedule C, Part II 5 X 6 Did the organization maintain any donar adviced funds or any summary to thick donors have the right to provide advice on the distribution or investment of association examinet, including easements to preserve open space. 6 X 7 X 8 Did the organization report an amount in such funds or accounts for which donors have the right to provide advice on the distribution or investment of measures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide orderid counseling, debt management, credit repair, or debt negatiation services? 9 X 10 Did the organization (alcet) or through a related organization, hold assets in temporarily restricted endowments, permanent endowments? If "Yes," complete Schedule D, Part VI 10 X 11 If the organization report an amount for investments - order securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 12 Did the organization report an amount for investments - order securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X <td>4</td> <td>Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect</td> <td></td> <td></td> <td>v</td>	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>II "Yes," complete</i> Schedule <i>D, Part III</i> . 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X: or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>II "Yes," complete Schedule D, Part IV</i> 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>II "Yes," complete Schedule D, Part V</i> 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>II "Yes," complete Schedule D, Part V</i> 10 X b Did the organization report an amount for investments - organar related 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 110 X d Did the organization report an amount for other assets in Part X, line 25 <i>II</i> "Yes," complete Schedule D, Part X 111 X d Did the organization report an amount for other assets in Part X, line 25 <i>II</i> "Yes," complete Schedule D, Part X 112 X d Did the organization report an amount for other assets in Part X, line 25 <i>II</i> "Yes," complete Schedule D, Part X 1114 X 11	7		7		x
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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. In the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Inta X 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 Inta X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Inta X d Did the organization report an amount for other assets in Part X, line 15 ff inta is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X Inta X e Did the organization other amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X Inta X f Did the organization othin separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X Inta X f Did the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X and XII is optional Inta X f Was the organization maintain an office, employees, or agents outside of the United States? Inta X		endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 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 c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other sasts in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other sasts in Part X, line 25? If "Yes," complete Schedule D, Part X 11c X f Did the organization separate or consolidated financial statements for the tax year include a foothote that addresses the organization in separate, independent audited financial statements for the tax year? 11t X 114 X 11e X 11e X 12a Did the organization ashewerd "No" to line 12a, then completing Schedule D, Part X and XII is optional 11t X 12a X 11d X 11d X 13a 14a Did the organization ashawered "No" to line 12a, then completing S	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			
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	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
	20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?					

Form **990** (2013)

332003 10-29-13 Form 990 (2013)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	5 1 51 1 7			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
20	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c	X	<u></u>
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21	
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	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	51		
32		32		х
33	Schedule N, Part II	52		
00	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			
04	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
2	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	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	
			_	

Form **990** (2013)

332004 10-29-13

Check if Schedule O contains a response or note to any line in this Part V Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4 6 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a 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 4 5 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-/file (see instructions) 3a X b If 'tes,'' has it filed a Form 990-T for this year? If 'No,' to <i>line 3D, provide an explanation in Schedule O</i> 3a X 4 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: Sa X b If 'Yes,'' ther the name of the foreign country: Se Sa X b If 'Yes,'' to line 5a or 5b, d	Form	990 (2013) F/K/A FRIENDS OF THE ORPHANS 65-1229	309	Р	age 5
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d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, ave excess business holdings at any time during the year? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9a 9a 9a 9b 9b 9b 10a 10b 10a 10b <	С		70		v
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10a		,	70		x
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 8 a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10a					
 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: 11 Section 501(c)(12) organizations. Enter: 	•				
organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 1 9 Sponsoring organizations maintaining donor advised funds. 9 9 a Did the organization make any taxable distributions under section 4966? 9a 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 9b 10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 10b 10b 10b					
9 Sponsoring organizations maintaining donor advised funds. 9 a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 9b a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10b	•		8		
a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 9b a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10b	9				
b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 0			9a		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter:					
 a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: 					
 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11 Section 501(c)(12) organizations. Enter:	b				
	11				
	а				
b Gross income from other sources (Do not net amounts due or paid to other sources against	b				
amounts due or received from them.)		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 1041? 12a	12a		12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13				
a Is the organization licensed to issue qualified health plans in more than one state?	а		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	b				
organization is licensed to issue qualified health plans					
c Enter the amount of reserves on hand 13c	с				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X			14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

NPH-USA

Form **990** (2013)

332005 10-29-13

Form	990	(2013)

NPH-USA F/K/A FRIENDS OF THE ORPHANS

65-1229309 Page 6

X

16b

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

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

Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u> ⊥	4		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.				
b	5 , , , 1	1b 1	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or			
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				
а	The governing body?		8a	Х	
b			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)			_
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	hy before filing the form?			
b		before ming the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		11a	X	
12a			11a 12a	X X	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	- 			
b	Did the organization have a written conflict of interest policy? If "No," go to line 13	to conflicts?	12a	X X	
b	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i>	to conflicts? 'es, " describe	12a 12b	x	
b	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>in Schedule O how this was done</i>	e to conflicts? /es, " <i>describe</i>	12a 12b 12c	X X	
b c	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i>	e to conflicts? 'es, " <i>describe</i>	12a 12b 12c 13	x x x	
b c 13	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy?	e to conflicts? 'es, " describe	12a 12b 12c 13	X X X X	
b c 13 14	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	to conflicts? 'es, " describe al by independent	12a 12b 12c 13	X X X X	
b c 13 14 15	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approv	to conflicts? 'es, " describe al by independent	12a 12b 12c 13	X X X X X	
b c 13 14 15 a	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	e to conflicts? /es, " <i>describe</i> al by independent	12a 12b 12c 13 14 15a	X X X X X	x
b c 13 14 15 a	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	e to conflicts? /es, " <i>describe</i> al by independent	12a 12b 12c 13 14 15a	X X X X X	x
b c 13 14 15 a b	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	e to conflicts? /es, " describe al by independent	12a 12b 12c 13 14 15a	X X X X X	x
b c 13 14 15 a b	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	e to conflicts? <i>'es, " describe</i> al by independent ment with a	12a 12b 12c 13 14 15a 15b	X X X X X	x
b c 13 14 15 a b 16a	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	e to conflicts? <i>'es, " describe</i> al by independent ment with a	12a 12b 12c 13 14 15a 15b	X X X X X	

exempt status with respect to such arrangements?
Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	X Own website X Another's website X Upon request Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: TODD SCHULTZ - 312-386-7499
	134 N LASALLE STREET, #500, CHICAGO, IL 60602-1036
33200	6 10-29-13 SEE SCHEDULE O FOR FULL LIST OF STATES Form 990 (2013)
	6

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Form 990 (2013)	F/K/A FRIENDS OF THE ORPHANS	65-1229309 Page 7								
Part VII Compens	sation of Officers, Directors, Trustees, Key Employees, Hig									
Employees, and Independent Contractors										
Check if Sch	hedule O contains a response or note to any line in this Part VII									
Section A. Officers, D	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complete this table f	for all persons required to be listed. Report compensation for the calendar year	r 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."

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• 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.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an I	dad	recto	or/trus	itee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	ordi	e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		æ	suadu		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		loy	st con yee				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) M. CHARLES SWOPE	2.00	_			-		<u> </u>			
CHAIR		x		Х				0.	0.	Ο.
(2) PATRICIA BUCKLEY	2.00									
VICE-CHAIR		X		Х				0.	0.	0.
(3) JOHN DEINHART	2.00									
DIRECTOR		X						0.	0.	0.
(4) MAX MACCOBY	2.00									
DIRECTOR		Х						0.	0.	0.
(5) LAWRENCE KREMA	2.00									
DIRECTOR		Х						0.	0.	0.
(6) MIGUEL VENEGAS	2.00									
DIRECTOR		Х						0.	0.	0.
(7) CLAIRE TOPP	2.00									_
SECRETARY		Х		Х				0.	0.	0.
(8) MARNIX GUILLAUME	2.00									-
TREASURER		х		Х				0.	0.	0.
(9) JOHN SHINSKY	2.00									
AT-LARGE		X						0.	0.	0.
(10) JOHN IBERLE	2.00									0
DIRECTOR		X						0.	0.	0.
(11) NELLIE JOHNSON	2.00	37							0	0
DIRECTOR	2.00	X						0.	0.	0.
(12) JORG NOWAK	2.00	x						0.	0.	0.
DIRECTOR (13) MARIA LAMAS SHOJAEE	2.00	^						0.	0.	0.
(IS) MARIA LAMAS SHOJAEE DIRECTOR	2.00	x						0.	0.	0.
(14) KARA HENRY	2.00							0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(15) TODD SCHULTZ	40.00							0.	•	
CFO & COO				x				156,222.	0.	16,496.
(16) FRANK DONAGHUE	40.00							130,222.	0.	10,4900
CEO				x				180,392.	0.	17,302.
(17) JAMES HOYT	40.00		-							
REGIONAL DIRECTOR		1				x		121,017.	0.	7,907.
332007 10-29-13	•									Form 990 (2013)

332007 10-29-13

Form **990** (2013)

7

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Form 990 (2013) F/K/A FF									65-12	29.	309	Pa	age 8
Part VII Section A. Officers, Directors, Tru	(B)	ploy	/ees		<u>d Hi</u> C)	ghe	st ((5)	
(A) Name and title	Average hours per week	box	not c , unle	Pos heck	itior more rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	1	an	(F) timate tount o other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		fr orga and	pensa om the anizati d relate nizatio	e ion ed
										-			
										_			
										_			
1b Sub-total								457,631.		0.	4	1,7	
c Total from continuation sheets to Part								0.		0.			0.
d Total (add lines 1b and 1c)								457,631.		0.	4	1,7	05.
2 Total number of individuals (including but compensation from the organization ►	not limited to th	nose	e liste	ed al	DOV	e) wr	no r	eceived more than \$100	1,000 of reportable	!		Yes	3 No
3 Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>			,		•	,	,	highest compensated e			3		x
4 For any individual listed on line 1a, is the sand related organizations greater than \$1	•	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4	х	
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," co					-			-			5		х
Section B. Independent Contractors									\$100,000 of a series		-		
1 Complete this table for your five highest of the organization. Report compensation for										Jensa	ation	rom	
(A) Name and busines			ONE			<u>.</u>		(B) Description of s		c	(C omper		 n
				_									
2 Total number of independent contractors		not li	mite	d to		-	stee	d above) who received m	nore than				
\$100,000 of compensation from the organ	nization 🕨				(0					Form	990 (2	2013)
332008 10-29-13						0						t	,

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Form 990 (2013) F/K/A FRIENDS OF THE ORPHANS
Part VIII Statement of Revenue

65-1229309 Page 9

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
t t	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
۵, Ĕ		Fundraising events		1,231,692.				
ar A		Related organizations		417,426.				
, Silling		Government grants (contributi		,				
la; ä		All other contributions, gifts, grant	· ·					
her		similar amounts not included abov		12,987,203.				
l <u>≘</u> ≣								
5 E		Noncash contributions included in lines			14,636,321.			
0.0	n	Total. Add lines 1a-1f		Business Code	14,030,321.			
a	2 a			Business Code				
Program Service Revenue	z a b							
Ser	c							
E S	d							
n n n n n n n n n n n n n n n n n n n								
Pro	e	All other program comics roug						
		All other program service reve						
_	<u> </u>	Total. Add lines 2a-2f						
	3				6,855.			6,855.
	4	other similar amounts)			0,000.			0,000.
	4 5							
	5	Royalties						
	c -	Overe vente	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	<i>i</i> a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis		41 174				
		and sales expenses		41,174. -41,174.				
		Gain or (loss)			41 174			41 174
		Net gain or (loss)		····· >	-41,174.			-41,174.
an	8 а	Gross income from fundraising including \$ 1,231	0					
Other Reven		·						
Re		contributions reported on line	,	453,727.				
her		Part IV, line 18		,				
₹		Less: direct expenses			25 0.94			25,084.
		Net income or (loss) from fund		····· ►	25,084.			23,004.
	9 а	Gross income from gaming ac						
	Ŀ	Part IV, line 19 Less: direct expenses						
		Net income or (loss) from gam						
	iu a	Gross sales of inventory, less						
	I 4	and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale		Business Code				
	44 -	Miscellaneous Revenu MISCELLANEOUS INCOME	e	561000	28,652.			28,652.
				301000	20,002.			20,032.
	b							<u> </u>
	C L							<u> </u>
	d				28,652.			
		Total. Add lines 11a-11d Total revenue. See instructions.			14,655,738.	0.	0	. 19,417.
33200 10-29-	<u>12</u>	Total Tevenue. See Instructions.		····· 🕨	11,000,100.	· ·	U	Form 990 (2013)
10-29-	-13							1 0 m 3 3 0 (20 13)

Form 990 (2013)

NPH-USA

F/K/A FRIENDS OF THE ORPHANS

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).

	ion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respo				
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 expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	10,460,260.	10,460,260.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	370,412.	47,676.	76,313.	246,423
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,849,096.	237,999.	380,954.	1,230,143.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	229,061.	29,483.	47,191.	152,387.
10	Payroll taxes	196,384.	25,277.	40,459.	130,648.
11	Fees for services (non-employees):				
а	Management				
	Legal	8,387.	8,387.		
	Accounting	15,445.	15,445.		
	Lobbying				
е	Destantianel for deside a service of Oscillation 17				
f	Investment management fees	1,545.		1,545.	
g					
	column (A) amount, list line 11g expenses on Sch 0.)	190,287.		66,031.	124,256.
12	Advertising and promotion	4,398.			4,398.
13	Office expenses	159,848.	21,302.	70,133.	68,413.
14	Information technology				
15	Royalties				
16	Occupancy	284,126.	71,671.	88,139.	124,316.
17	Travel	278,646.	190,803.	21,009.	66,834.
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	36,154.		36,154.	
23	Insurance	23,085.		23,085.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EDUCATION AND M	144,271.		9,178.	135,093.
b	BANK AND CREDIT CARD FE	114,436.		6,968.	107,468.
с	LICENSES AND FEES	61,633.		61,633.	
d	BAD DEBT EXPENSE	50,762.	50,762.		
е	All other expenses	15,278.	964.	79,340.	-65,026
25	Total functional expenses. Add lines 1 through 24e	14,493,514.	11,160,029.	1,008,132.	2,325,353.
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 Lift following SOP 98-2 (ASC 958-720)				Form 990 (2012)

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Form 990 (2013)

NPH-USA

Form 990 (2013)

F/K/A FRIENDS OF THE ORPHANS

65-1229309 Page 11

		2013) F/K/A FRIENDS	OF II.	LE ORPHANS		0.0-	1229309 Page	;
Pa	rt X	Balance Sheet						
		Check if Schedule O contains a response or not	te to any li	ne in this Part X			L	
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			3,699,599.	1	3,428,03	0.
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net			351,543.	3	175,29	7.
	4	Accounts receivable, net			11,718.	4		
	5	Loans and other receivables from current and for			· · ·	_		
		trustees, key employees, and highest compensation						
		Part II of Schedule L				5		
	6	Loans and other receivables from other disquali						
		section 4958(f)(1)), persons described in section	n 4958(c)(3	B)(B), and contributing				
		employers and sponsoring organizations of sect	tion 501(c)	(9) voluntary				
ets		employees' beneficiary organizations (see instr).		6				
Assets	7	Notes and loans receivable, net		7				
◄	8	Inventories for sale or use				8		
	9	Prepaid expenses and deferred charges			79,495.	9	87,33	5.
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	174,702.	04 100		00.15	-
		Less: accumulated depreciation		146,525.	84,177.	10c	28,17	
	11	Investments - publicly traded securities	363,109.	11	276,77	3.		
	12	Investments - other securities. See Part IV, line -		12				
	13	Investments - program-related. See Part IV, line			13			
	14	Intangible assets			0 700 E01	14		1
	15	Other assets. See Part IV, line 11			2,709,501. 7,299,142.	15	2,873,75	
	16	Total assets. Add lines 1 through 15 (must equ			1,384,209.	16	6,869,36 731,71	
	17	Accounts payable and accrued expenses		1,304,209.	17	/31,/1	/•	
	18	Grants payable			18			
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete				21		
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee						
ilidi		Complete Part II of Schedule L				22		
Lia	23	Secured mortgages and notes payable to unrela				22		
	24	Unsecured notes and loans payable to unrelate				24		
	25	Other liabilities (including federal income tax, pa						
		parties, and other liabilities not included on lines						
		Schedule D			116,606.	25	18,49	3.
	26	Total liabilities. Add lines 17 through 25			1,500,815.	26	750,21	0.
		Organizations that follow SFAS 117 (ASC 958), check h	nere 🕨 🗴 and				
es		complete lines 27 through 29, and lines 33 an	d 34.					
anc	27	Unrestricted net assets			2,367,483.	27	2,846,92	5.
Bali	28	Temporarily restricted net assets		L	791,978.	28	469,11	
pu	29				2,638,866.	29	2,803,11	6.
μ		Organizations that do not follow SFAS 117 (A	SC 958), (check here ▶└─┘				
s or		and complete lines 30 through 34.						
set	30	Capital stock or trust principal, or current funds				30		
As	31	Paid-in or capital surplus, or land, building, or ec				31		
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			5 700 207	32	6 110 1E	3
_	33	Total net assets or fund balances			5,798,327. 7,299,142.	33 34	6,119,15 6,869,36	
	34	Total liabilities and net assets/fund balances	<u></u>		,,2,,,1744	ا ک ا	Form 990 (20	

Form **990** (2013)

	NPH-USA							
Form	990 (2013) F/K/A FRIENDS OF THE ORPHANS	65-1	L22930)9	Page	e 12		
Ра	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		[Х		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,6					
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,4					
3	Revenue less expenses. Subtract line 2 from line 1	3	1 5,7	L62				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments	5		- 5	,64	18.		
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1	L64	,25	50.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
_	column (B))	10	6,1	L19	,15	53.		
Pa	rt XII Financial Statements and Reporting				г			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>			X		
				_	'es	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-					
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					х		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	_	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis			ъ	x			
a	Were the organization's financial statements audited by an independent accountant?			. <u> </u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both:	e Dasis,						
	Separate basis IX Consolidated basis Both consolidated and separate basis							
~	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	o oudit						
U	review, or compilation of its financial statements and selection of an independent accountant?				x			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		······ 占					
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		+					
Ja	Act and OMB Circular A-133?	igie Audi		Ba		х		
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit		<u> </u>				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b				
				orm 9	90 (2	2013		
					(-	-,		

SCH	EDULE A	D		Latura	and D)hlia	C	-		OMB No.	1545-00	47
(Form	990 or 990-EZ)		blic Charity S							20	17)
•		Comple	ete if the organization is				tion or a s	ection		ZU	U)
Departme	nt of the Treasury		4947(a)(1) no ► Attach to	•						Open t	o Publ	lic
	evenue Service	Information ab	out Schedule A (Form 990				at ununu in	o gou/forr	2000	•	ection	
Name	of the organizat			01 990-LZ)			at www.//s	<u>s.gov/io//</u> F	mplover	identificat	ion nu	mber
	or the organizat		RIENDS OF TH		UNNC					5-1229		
Part	Deason		rity Status (All organiz			to this nod	L) Coo inot		0	J-1223	505	
					-	-		tructions.				
The org		•	because it is: (For lines 1	•		•	,					
1 📙			es, or association of chur			ection 170	(b)(1)(A)(i)					
2 _	A school des	cribed in section 1	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3 🔄	A hospital or	a cooperative hosp	ital service organization of	described	in section	170(b)(1)	(A)(iii).					
4	A medical re	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(i	iii). Enter t	the hospita	l's nam	ıe,
	city, and stat	e:										
5 🗌	An organizat	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental ur	it describ	ed in		
		(b)(1)(A)(iv). (Compl		-		-	-					
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 🛛												
,		b)(1)(A)(vi). (Comple			ont nonn a	governine			e general		nocu	
8				Complete	Dort II.)							
	- · · ·		section 170(b)(1)(A)(vi).				hudiana m				:-+-	£
9 🗆			ceives: (1) more than 33 1									
		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.										
				tion 511 ta	ix) from bu	isinesses a	acquired b	y the org	anization	after June 3	30, 197	75.
_		509(a)(2). (Complet										
10 🖵	📙 An organizat	on organized and o	perated exclusively to te	st for publ	ic safety. S	See sectio	on 509(a)(4	4).				
11 🗆	📙 An organizat	on organized and o	perated exclusively for th	ne benefit	of, to perfo	orm the fu	nctions of,	or to car	ry out the	purposes	of one	or
	more publicly	supported organiz	ations described in section	on 509(a)(1) or section	on 509(a)(2	2). See sec	ction 509	(a)(3). Ch	eck the box	that	
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	n 11 h.						
	а 🗔 Туре	b — Т	ypell c Ty	ype III - Fu	nctionally	integrated	c	і 🗔 Тур	oe III - Noi	n-functional	ly inte	grated
е			at the organization is not		•	-		r more dis	squalified	persons ot	her tha	in
			than one or more publicly									
f			tten determination from t						- (-)(·) - ·		- (/(/-	
•			his box									
a			organization accepted ar									. —
g											Vac	
			directly controls, either al								Yes	No
			supported organization?							11g(i)		<u> </u>
			n described in (i) above?							11g(ii)		──
			a person described in (i) o							11g(iii)		
h	Provide the f	ollowing informatior	about the supported or	ganization	(s).							
			i					· · · · · ·				
(i) Na	me of supported	(ii) EIN	(iii) i jpo or organization			(v) Did you		(vi) l organizati	s the	(vii) Amoun	t of mo	netary
0	rganization		(in col. (i) li			ion in col.	(i) organi	zed in the	sup	port	
			above or IRC section (see instructions))	governing	document?		r support?	U.S	5.?			
		(accumational) Yes No Yes No Yes No										
								1				
									+			

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Total

13

	PH-USA										
Schedule A (Form 990 or 990-EZ) 2013 F	/K/A FRIE	NDS OF TH	E ORPHANS		65-122	9309 Page 2					
Part II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(v	/i)					
(Complete only if you checked	d the box on line 5	, 7, or 8 of Part I o	r if the organizatio	n failed to qualify (under Part III. If the	e organization					
fails to qualify under the tests listed below, please complete Part III.)											
Section A. Public Support											
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total					
1 Gifts, grants, contributions, and											
membership fees received. (Do not											
include any "unusual grants.")	18,648,899.	25,686,435.	14,497,177.	17,719,084.	14,636,321.	91,187,916.					
2 Tax revenues lovied for the organ											

..

2	I ax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	18,648,899.	25,686,435.	14,497,177.	17,719,084.	14,636,321.	91,187,916.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						589,636.
6	Public support. Subtract line 5 from line 4.						90,598,280.

6 Public support. Subtract line 5 from line 4.

Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	18,648,899.	25,686,435.	14,497,177.	17,719,084.	14,636,321.	91,187,916.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	130,504.	147,158.	23,599.	8,032.	6,855.	316,148.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)			10,722.	275,839.	53,736.	340,297.
11	Total support. Add lines 7 through 10						91,844,361.
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	o here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	98.64 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	98.82 %
16a	1 33 1/3% support test - 2013. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
k	33 1/3% support test - 2012. If the c	organization did no	ot check a box on I				
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17 a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and stop h	iere. Explain in Pa	rt IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
k	0 10% -facts-and-circumstances tes	t - 2012. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	imstances" test, cl	neck this box and	stop here. Explair	n in Part IV how the	•

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2013

14

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 IV.)						
14 First five years. If the Form 990 is for	the organization	I s first second thi	rd fourth or fifth	tax vear as a secti		zation
	-			-		
Section C. Computation of Public						·····
15 Public support percentage for 2013 (lir			column (f))		15	(
16 Public support percentage from 2012					16	(
Section D. Computation of Inves					1.01	
17 Investment income percentage for 201					17	(
18 Investment income percentage from 2					18	(
19a 33 1/3% support tests - 2013. If the c						
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2012. If the c						
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization						
			,			

chedule A	(Form 990 or 990-E	NPH-US Z) 2013 F/K/A	FRIENDS O	F THE	ORPHA	NS		65-122	29309 _{Pa}
Part IV	Supplemental	I Information. Pro	ovide the explanation	ons required	d by Part I	I, line 10; Pa	rt II, line 17a or ⁻	17b; and Pa	rt III, line 12.
	Also complete this	s part for any additior	nai information. (Se	e instruction	ns).				
32024 09-25-*	3						Schedule	A (Form 99	0 or 990-EZ)

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2013

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
JOHN AND MARY PAT POEPL	2,426,523.	589,636
		589,636

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.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2013

Employer identification number

ame	of the	organiza	tion	
			NPH-	-USA

F/K/2	A FRIENDS	OF T	HE ORP	HANS

65-1229309

Organization	type (check one):
--------------	-------------------

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

□ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., purpose, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not 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) (2013)

Employer identification number

NPH-USA F/K/A FRIENDS OF THE ORPHANS

Name of organization

65-1229309

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CATHOLIC MEDICAL MISSION BOARD 10 W 17TH ST NEW YORK, NY 10011	\$ <u>611,558.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOHN POEPL 1342 HIGH POINT CT HASTINGS, MN 55033	\$ <u>600,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	QUALITY CIRCUITS 1102 PROGRESS DR FERGUS FALLS, MN 56537	\$360,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JOHN NASSEFF 59 4TH STREET WEST, APT. 24C SAINT PAUL, MN 55102	\$584,215.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE FLATLEY FOUNDATION 35 BRAINTREE HILL OFFICE PARK, STE. 400 BRAINTREE, MA 02184	\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	HICKEY FAMILY FOUNDATION 530 E HUBER ST MESA, AZ 85203	\$ <u>315,800.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 10-2		Schedule B (Form	990, 990-EZ, or 990-PF) (2013)

15150825 099375 027-12623900 2013.04020 NPH-USA F/K/A FRIENDS OF TH 027-31E1

18

Employer identification number

NPH-USA F/K/A FRIENDS OF THE ORPHANS

Name of organization

65-1229309

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional terms of the second	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NATIONAL CHILDREN'S CANCER SOCIETY 1 MEMORIAL DR ST LOUIS, MO 63102	\$623,871.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Noncash Occupiete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Noncash On Complete Part II for noncash contributions.)
323452 10-2	⁴⁻¹³ 19	Schedule B (Form	990, 990-EZ, or 990-PF) (2013)

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed	1.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions)) (d) Date received
1	MEDICINE AND MEDICAL SUPPLIES	\$611,5!	58. 12/31/13
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions)	Liste received
7	MEDICINE AND MEDICAL SUPPLIES	\$623,8 ⁻	71. 12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions)	Liste received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions)	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions)	Listo received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions)	Listo received
		 \$	

Page 3

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

15150825 099375 027-12623900 2013.04020 NPH-USA F/K/A FRIENDS OF TH 027-31E1

20

Schedule B (Form 990	, 990-EZ, or 990-PF) (2013)
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Name of org				Employer identification number
NPH-US		~		CF 1000200
F/K/A Part III	FRIENDS OF THE ORPHAN Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition	lividual contributions to section 501(c)(7 the following line entry. For organizations etc., contributions of \$1,000 or less for th	(), (8), or (10) organizatio completing Part III, enter e year. _{(Enter this information onco}	$65-1229309$ ons that total more than \$1,000 for the $e_{ij} \triangleright \$$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
-	Transferee's name, address,	and ZIP + 4	Relationship of tra	ansferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
			_	
		(e) Transfer of gift		
ŀ	Transferee's name, address,	and ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
			_	
		(e) Transfer of gift		
-	Transferee's name, address,		Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
F		(e) Transfer of gift	I	
ŀ	Transferee's name, address,	and ZIP + 4	Relationship of tra	ansferor to transferee
323454 10-24	I-13	21	Schedule	B (Form 990, 990-EZ, or 990-PF) (2013)

SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047			
(Fori	m 990)	Complete if the org	anization answered "Yes," to Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2013			
	ment of the Treasury		Attach to Form 990.		Open to Public Inspection			
	Il Revenue Service e of the organizati		rm 990) and its instructions is at _{www.irs.gov}		ployer identification number			
Indiff	F/K/A FRIENDS OF THE ORPHANS							
Pa	rt I Organiza		ed Funds or Other Similar Funds or <i>I</i>		65-1229309 unts.Complete if the			
	organizatio	n answered "Yes" to Form 990, Part IV, lin						
			(a) Donor advised funds	(b) Fur	nds and other accounts			
1		nd of year						
2		utions to (during year)						
3 4		from (during year) t end of year						
5			L I I I I I I I I I I I I I I I I I I I	nds				
•	-		exclusive legal control?		Yes No			
6			advisors in writing that grant funds can be used					
	for charitable purp	ooses and not for the benefit of the donor o	or donor advisor, or for any other purpose confe	rring				
	impermissible priv							
			ganization answered "Yes" to Form 990, Part IV	, line 7				
1		servation easements held by the organizat						
		n of land for public use (e.g., recreation or e		· ·				
		of natural habitat n of open space	Preservation of a certified h	ISTORIC	structure			
2			fied conservation contribution in the form of a c	onserv	ation easement on the last			
-	day of the tax yea	• •		0110011				
					Held at the End of the Tax Year			
а	Total number of co	onservation easements		2a				
b	Total acreage rest	ricted by conservation easements		2b				
с			ructure included in (a)	2c				
d			after 8/17/06, and not on a historic structure					
				2d				
3		vation easements modified, transferred, re	leased, extinguished, or terminated by the orga	nizatio	n during the tax			
4	year	 where property subject to conservation ea	sement is located					
5		tion have a written policy regarding the pe						
-	•	forcement of the conservation easements			Yes No			
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	and enforcing conservation easements during					
7	Amount of expense	ses incurred in monitoring, inspecting, and	enforcing conservation easements during the y	ear 🕨	\$			
8			ve satisfy the requirements of section 170(h)(4)(
9	-	•	ion easements in its revenue and expense state					
	conservation ease	-	tion's financial statements that describes the or	ganiza	tion's accounting for			
Pa			f Art, Historical Treasures, or Other	Simi	ar Assets.			
		f the organization answered "Yes" to Form						
1a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	ind bal	ance sheet works of art,			
	historical treasure	s, or other similar assets held for public ex	hibition, education, or research in furtherance o	f public	service, provide, in Part XIII,			
		tnote to its financial statements that descr						
b	-		SC 958), to report in its revenue statement and					
			ducation, or research in furtherance of public se	ervice,	provide the following amounts			
	relating to these it				\$			
					\$			
2			asures, or other similar assets for financial gain					
		unts required to be reported under SFAS 1		-				
а			-					
b	Assets included in	n Form 990, Part X		🕨	\$			
	5 D		- (
LHA 33205 09-25-	For Paperwork R	eduction Act Notice, see the Instruction	s tor form 990.		Schedule D (Form 990) 2013			
09-25-	13		22					

	NPH-USA			- a	65	10000		•		
		RIENDS OF '				-122930		ige 2		
	rt III Organizations Maintaining C									
3	Using the organization's acquisition, accessi (check all that apply):	on, and other record	s, check any of the	following that are a	ı significant use	of its collecti	on items	5		
а	Public exhibition	d	Loan or exc	hange programs						
b	Scholarly research	е								
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's ex	xempt purpose	in Part XIII.				
5										
_	to be sold to raise funds rather than to be ma							No		
Par	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes" 1	to Form 990, Pa	rt IV, line 9, c	r			
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							1		
	on Form 990, Part X?					📖 Yes		No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
						Amou	nt			
	Beginning balance									
	Additions during the year									
е	Distributions during the year				1e					
f	Ending balance				1 f					
	Did the organization include an amount on F					📖 Yes		No		
_	If "Yes," explain the arrangement in Part XIII.						L			
Par	rt V Endowment Funds. Complete i									
		(a) Current year	(b) Prior year	(c) Two years back						
	Beginning of year balance	2,638,866.	2,517,493.	2,710,938	. 2,462,		2,437,			
b	Contributions					39.	25,	000.		
С	Net investment earnings, gains, and losses	164,250.	121,373.	-193,445	•					
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs				-248,	,135.				
	Administrative expenses									
g	End of year balance	2,803,116.	2,638,866.	2,517,493	. 2,710,	938.	2,462,	764.		
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:						
	Board designated or quasi-endowment		_%							
	Permanent endowment 100.00	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	r the organizatio	on				
	by:						Yes	No		
	(i) unrelated organizations						X			
	(ii) related organizations					3a(ii		Х		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?			3b				
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11a. S	ee Form 990, Part 3	X, line 10.					
	Description of property	(a) Cost or of basis (investm			Accumulated lepreciation	(d) Bo	ok value)		
1 a	Land									
	Buildings									
	Leasehold improvements									
	Equipment		17	4,702.	146,525	• 2	28,17	77.		
	Other							0.		
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0(c).)			28,17	77.		
-					Sch	edule D (For				

332052 09-25-13

23

NPH-USA			
Schedule D (Form 990) 2013 F/K/A FRIEN	DS OF THE OF	RPHANS	65-1229309 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
	to Form 000 Dort IV/ liv	no 110, Soo Form 000, Dort V, line 1	2
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		st or end-of-year market value
			tor one of your market value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	•		
Complete if the organization answered "Yes"	to Form 990, Part IV, li	ne 11d. See Form 990, Part X, line 1	5.
(a)	Description		(b) Book value
(1) OTHER CURRENT ASSETS			33,135.
	RPETUAL TRUS	ST	2,803,116.
(3) BENEFICIAL INTEREST IN LA	ND TRUST		37,500.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		▶ 2,873,751.
Part X Other Liabilities.			
Complete if the organization answered "Yes" (a) Description of liability	to Form 990, Part IV, III	(b) Book value	line 25.
<u> </u>		(b) Book value	
(1) Federal income taxes (2) DUE TO FATHER WASSON LEGA	CV		
		16,460.	
(4) DUE TO OTHER ORGANIZATION		2,033.	
(5)			
(6)			
(7)			
(8)			
(5)	I		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

332053 09-25-13

24

				6 F	1000000
_	dule D (Form 990) 2013 F/K/A FRIENDS OF THE ORP		1229309 Page 4		
Pa	t XI Reconciliation of Revenue per Audited Financial State		n Revenue per R	eturi	n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	l2a.			
1	Total revenue, gains, and other support per audited financial statements			1	15,119,907.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	•		-5,648.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-5,648.
3	Subtract line 2e from line 1			3	15,125,555.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-469,817.		
с	Add lines 4a and 4b			4c	-469,817.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	14,655,738.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements Wi	th Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	l2a.			
1	Total expenses and losses per audited financial statements			1	14,963,331.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d			469,817.		
е	Add lines 2a through 2d			2e	469,817.
3	Subtract line 2e from line 1			3	14,493,514.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	14,493,514.
Pa	rt 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.

PART V, LINE 4:

EXPLANATION: THE ARIZONA IRREVOCABLE ENDOWMENT TRUST FUND WAS ESTABLISHED

TO GENERATE INCOME FOR THE BENEFIT OF THE NUESTROS PEQUENOS HERMANOS (NPH)

ORPHANAGE IN CUERNAVACA, MEXICO AREAS SERVED BY NPH MEXICO OR NEEDY

CHILDREN IN OTHER AREAS OF THE WORLD.

THE PROCTOR TRUST WAS ESTABLISHED TO GENERATE INCOME FOR THE

ORGANIZATION'S PROGRAM SERVICES.

PART X, LINE 2:

EXPLANATION: THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM

25

PAYING CORPORATE FEDERAL INCOME TAX UNDER SECTION 501 (C)(3) OF THE 332054 09-25-13
Schedule D (Fo

-327,320.

-41,174.

-101,323.

-469,817.

469,817.

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2013

INTERNAL REVENUE CODE. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS

NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE

CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE.

THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS AND DETERMINED IT HAS NO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2013 OR 2012.

THE ORGANIZATION'S 2010-2013 TAX YEARS ARE OPEN FOR EXAMINATION BY THE IRS. SHOULD THE ORGANIZATION'S TAX EXEMPT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS SINCE INCEPTION COULD BE SUBJECT TO REVIEW BY THE IRS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

LOSS ON SALE OF FIXED ASSETS

ADDITIONAL SPECIAL EVENT EXPENSES

TOTAL TO SCHEDULE D, PART XI, LINE 4B

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	327,320.
LOSS ON SALE OF FIXED ASSETS	41,174.
ADDITIONAL SPECIAL EVENT EXPENSES	101,323.

TOTAL TO SCHEDULE D, PART XII, LINE 2D

Schedule D (Form 990) 2013

332055 09-25-13

SCHEDULE G	un antal Information Depending		-l		A		OMB No. 1545-0047
(Form 990 or 990-EZ) Department of the Treasury Internal Review Service	emental Information Regarding if the organization answered "Yes" to organization entered more than \$1 ► Attach to Form 990 ion about Schedule G (Form 990 or 990-EZ	- Form 9 15,000 0 or Fo	990, P on Fo rm 99	art IV, lines 17, 18, o rm 990-EZ, line 6a. 00-EZ.	or 19, or	if the	2013 Open To Public nspection
Name of the organization NPH-	ISA A FRIENDS OF THE ORPH			<u></u>	En	nployer ide $5 - 1229$	ntification number
Part I Fundraising Activ	ties. Complete if the organization answ			o Form 990, Part IV, I			
 a Mail solicitations b Internet and email solicit c Phone solicitations d In-person solicitations 2 a Did the organization have a wr key employees listed in Form S 	n raised funds through any of the followi e Solicita tions f Solicita g Specia ten or oral agreement with any individua 20, Part VII) or entity in connection with p d individuals or entities (fundraisers) pure	ition of tion of I fundra I (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, true fundraising services?	stees or	Yes raiser is to	
(i) Name and address of individu or entity (fundraiser)	l (ii) Activity	fùndi have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (or re func	ount paid tained by) draiser in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organ or licensing.	zation is registered or licensed to solicit	contrik	oution	s or has been notified	d it is exe	mpt from r	egistration
LHA For Paperwork Reduction Ac	Notice, see the Instructions for Form	990 or	990-	EZ. S	Schedule	G (Form 9	90 or 990-EZ) 2013

332081 09-12-13

15150825 099375 027-12623900 2013.04020 NPH-USA F/K/A FRIENDS OF TH 027-31E1

27

		le G (Form 990 or 990 EZ) 2013 F/K/A F				1229309 Page 2
Ра	rt I	3	-			
		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	events with gross receip (c) Other events	Ts greater than \$5,000.
				LOCAL EVENT	(c) Other events	(d) Total events
			GALA EVENT	FUNDRAISER	5	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anı						
Revenue	1	Gross receipts	780,793.	252,272.	652,354.	1,685,419.
	2	Less: Contributions	517,245.	205,143.	509,304.	1,231,692.
	3	Gross income (line 1 minus line 2)	263,548.	47,129.	143,050.	453,727.
	4	Cash prizes				
s	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	162,159.	43,834.	222,650.	428,643.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	428,643.
	11	Net income summary. Subtract line 10 from li			►	25,084.
Ра	rt I		answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(L) Dull take (instant	r	
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
Re						
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct [4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	□ No	□ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		►	<u> </u>
-						
9		ter the state(s) in which the organization opera he organization licensed to operate gaming ac		atatao2		Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax	year?	Yes No
b	lf "`	Yes," explain:				
33208	32 09	9-12-13			Schedule G (For	rm 990 or 990-EZ) 2013
					-	-

NPH-USA

11 D	dule G (Form 990 or 990-EZ) 2013 F/K/A FRIENDS OF THE ORPHANS 65-1		N D D D	
		229	309	
12 18	Does the organization operate gaming activities with nonmembers?		Yes	
t/	o administer charitable gaming?		Yes	
	ndicate the percentage of gaming activity operated in:			
	The organization's facility	13a		
	An outside facility	13b		
14 E	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	
	f "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$			
c If	f "Yes," enter name and address of the third party:			
N				
A	Address			
16 G	Gaming manager information:			
N	Name			
c	Gaming manager compensation 🕨 \$			
-				
	Director/officer Employee Independent contractor			
	Aandatory distributions:			
a Is	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to			
a la re	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license?		Yes	
a Is re b E	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		Yes	
a Is re b E o	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	 nes 9)b. 1
a Is re b E o	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lin	 nes 9)b, 1
a Is re b E o	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	nes 9		 Db, 1
a Is re b E o	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lin	nes 9)b, 1
als re bE	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lin	nes 9		 Db, 1
als re bE	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lin	nes 9		Db, 1
als re bE	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lin			Db, 1
als re bE	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lin	nes 9		Db, 1
als re bE	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lin			Db, 1
als re bE	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lin	nes 9		Db, 1
a Is re b E O Part	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lin		, 9b, 10	

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go Comp	arants and Oth vernments, an lete if the organizatio	nd Individual on answered "Yes" Attach to For	l s in the Ŭn i ' to Form 990, Pa m 990.	ited States rt IV, line 21 or 22.	90	OMB No. 1545-0047 2013 Open to Public Inspection
Name of the organization NPH-USA		HE ORPHANS			Ũ		Employer identification number $65 - 1229309$
Part I General Information on Grants a							05 1225505
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?				, ,		
Part II Grants and Other Assistance to		-			anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than a 1 (a) Name and address of organization or government	\$5,000. Part II can (b) EIN	t be duplicated if addit (c) IRC section if applicable	(d) Amount of cash grant	ded. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NUESTROS PEQUENOS HERMANOS 8618 WESTWOOD CENTER DRIVE VIENNA, VA 22182	20-5905144	501(C)(3)	8,849,830.	1,610,430.	FMV	MEDICAL, FOOD, HOUSEHOLD GOODS	SUPPORT ORPHANED AND DISADVANTAGED CHILDREN
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization LHA For Paperwork Reduction Act Notice 	s listed in the line	1 table	ne line 1 table				↓ 1 . Schedule I (Form 990) (2013)

Part IV Supplemental Information. Provide the information requ	uired in Part I, lir	ne 2, Part III, column	(b), and any other a	dditional information.				
PART I, LINE 2:								
EXPLANATION: FRIENDS SUPPORTS THE	ANNUAL O	PERATING B	UDGETS AND	SPECIAL				
PROJECTS OF THE NINE HOMES WHICH O	PERATE U	NDER THE U	MBRELLA OF	NUESTROS				
PEQUENOS HERMANOS INTERNATIONAL (N	PHI) AND	ORGANIZED	UNDER SEC	TION				
501(C)(3) OF THE INTERNAL REVENUE	501(C)(3) OF THE INTERNAL REVENUE CODE. FRIENDS AND NPHI HAVE SIGNED AN							
AFFILIATION AGREEMENT WHICH FORMALIZES THEIR MUTUAL UNDERSTANDING AND								
COMMITMENT. IN ADDITION, OUR CFO S	ITS ON T	HE NPH FIN	ANCE COMMI	TTEE AND				
REVIEWS THE PROPOSED BUDGETS AND M	ONTHLY R	ESULTS OF	EACH HOME.	THESE				
EVIEWS INCLUDE, IF REQUESTED, A DETAILED DESCRIPTION OF USES OF GRANT								

65-1229309

(f) Description of non-cash assistance

Page 2

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

Schedule I (Form 990) (2013)

Part III

F/K/A FRIENDS OF THE ORPHANS

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

(c) Amount of

cash grant

(d) Amount of non-

cash assistance

(e) Method of valuation

(book, FMV, appraisal, other)

(b) Number of

recipients

Schedule I	
Part IV	Supple

MC	N	Έ	Y	

Schedule I (Form 990)

332291 05-01-13

(Fo	SCHEDULE J (Form 990) Compensation Information Department of the Treasury Internal Revenue Service For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Information about Schedule J (Form 990) and its instructions is at www.irs. gov/form990					
Nan		ployer identification num	ber			
	F/K/A FRIENDS OF THE ORPHANS	65-1229309				
Pa	rt I Questions Regarding Compensation					
		Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal under travel Travel for companions Payments for business use of personal reside Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	use ence				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization t establish compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation committee Image: Written employment contract Image: Independent compensation consultant Image: Compensation survey or study Image: Form 990 of other organizations Image: Compensation compen	to				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a	Х			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		Х			
с	Participate in, or receive payment from, an equity-based compensation arrangement?		Х			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:					
а		5a	х			
	The organization? Any related organization?		X			
D	If "Yes" to line 5a or 5b, describe in Part III.					
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
Ŭ	contingent on the net earnings of:					
а	The organization?	6a	Х			
	Any related organization?		x			
~	If "Yes" to line 6a or 6b, describe in Part III.					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments					
-	not described in lines 5 and 6? If "Yes," describe in Part III	7	Х			
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
~	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	Х			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					
-	Regulations section 53.4958-6(c)?	9				
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Form 990) 2	2013			

332111 09-13-13

33

F/K/A FRIENDS OF THE ORPHANS

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation				(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
(1) TODD SCHULTZ	(i)	156,222.	0.	0.	10,947.	5,549.	172,718.	0.
CFO & COO	(ii)	0.	0.	0.	0.	0.		0.
(2) FRANK DONAGHUE	(i)	180,392.	0.	0.	6,694.	10,608.	197,694.	0.0
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

34

65-1229309

NPH-USA

F/K/A FRIENDS OF THE ORPHANS

65-1229309	
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Page 3

Part III Supplemental Information

Schedule J (Form 990) 2013

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

Schedule J (Form 990) 2013

	HEDULE M rm 990)	Complete if the org	Nonc		OMB No. 1545-0047								
	ment of the Treasury I Revenue Service	 Attach to Form 990 Information about \$).						n to Publ				
Name	e of the organization			(Form 990) and its		s at _{www} in	<u>s gov/form99</u> Emplo	oyer identific	ation nu	mber			
	C C	F/K/A FRIEND	S OF I	HE ORPHAN	S			65-1229309					
Par	rt I Types of I	Property											
	·		(a) Check if applicable	(b) Number of contributions or	(c) Noncash cor amounts rep			(d) thod of deter h contributio	0	ts			
				items contributed	Form 990, Part	VIII, line 1g							
1													
2		ures											
3		ests											
4		ions											
5		hold goods											
6		cles											
7													
8		/											
9	•	traded											
10		held stock											
11	Securities - Partners	ship, LLC, or											
12	Securities - Miscella	ineous											
13	Qualified conservati	ion contribution -											
	Historic structures												
14		ion contribution - Other											
15		ential											
16		ercial											
17													
18													
19	Food inventory												
20	Drugs and medical	supplies	X	34	1,610	,430.	FMV						
21													
22													
23	Scientific speciment	s											
24	Archeological artifac	cts											
25	Other 🕨 ()											
26	Other 🕨 ()											
27	Other ()											
28	Other 🕨 ()											
29		283 received by the organi							~				
	for which the organi	ization completed Form 82	283, Part IV,	Donee Acknowledg	gement	29			0	<u> </u>			
								_	Yes	No			
30a		the organization receive b											
	-	from the date of the initial			-								
	the entire holding pe	eriod?							Da	X			
b		ne arrangement in Part II.											
31		on have a gift acceptance							1 X	<u> </u>			
32a		on hire or use third parties		-					2a	x			
b	If "Yes," describe in												
33	If the organization d describe in Part II.	lid not report an amount in	i column (c) i	for a type of proper	ty for which colu	umn (a) is c	hecked,						
LHA		eduction Act Notice, see	the Instruc	tions for Form 99	D.		Scl	hedule M (Fo	orm 990)	(2013)			
								-	-	-			

332141 09-03-13

NPH-USA	
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NIII ODA												
Schedule M (Form 990) (2013)	F/K/A	FRIENDS	OF	\mathbf{THE}	ORPHANS							
Part II Supplemented	Informat											

	Supplemental Information. Provide the information is reporting in Part I, column (b), the number of contributions part for any additional information.	itions, the number of items rec	eived, or a combination of both. Also complete
332142 09-03-	-13		Schedule M (Form 990) (2013)
		37	

SCHEDULE O (Form 990 or 990-EZ)

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.

Open to Public

OMB No. 1545-0047

Attach to Form 990 or 990-EZ. Department of the Treasury Inspection Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 NPH-USA Name of the organization Employer identification number 65-1229309

F/K/A FRIENDS OF THE ORPHANS

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE AUDIT COMMITTEE REVIEWS THE FORM 990 PER THE BOARD OF

DIRECTORS' INSTRUCTION. SUBSEQUENT TO THIS REVIEW, THE FORM 990 IS SENT TO

THE BOARD OF DIRECTORS, AND MANAGEMENT AND THE AUDIT COMMITEE RESPOND TO

BOARD OF DIRECTORS' OUESTIONS AND RESOLVE ALL ISSUES PRIOR TO FILING.

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

EXPLANATION: CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED BY ALL BOARD MEMBERS ANNUALLY, AND ARE REVIEWED AND SIGNED BY THE BOARD CHAIR. CONFLICTS OF INTEREST DISCLOSURE FORMS ARE ALSO COMPLETED ANNUALLY BY MANAGEMENT STAFF AND REVIEWED AND SIGNED BY THE CEO. IT IS THE CONTINUING RESPONSIBILITY OF THE BOARD, OFFICERS, AND MANAGEMENT EMPLOYEES TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE SUCH DISCLOSURES AND UPDATE THEIR ANNUAL DISCLOSURES.

AT THE BEGINNING OF EVERY BOARD MEETING, THE CHAIR ASKS MEMBERS TO DISCLOSE WHETHER THEY HAVE ANY CONFLICT OF INTEREST PERTINENT TO THE MEETING AGENDA. THE MEMBER IS EXCUSED SO THAT THE BOARD CAN DISCUSS IF ANY ARE DISCLOSED, AND DETERMINE WHETHER THE CONFLICT IS MATERIAL ENOUGH TO PRECLUDE THE BOARD MEMBER'S PARTICIPATION IN THE DISCUSSION AND/OR VOTE.

TRANSACTIONS WITH PARTIES WITH WHOM A CONFLICTING INTEREST EXISTS MAY BE UNDERTAKEN ONLY IF ALL OF THE FOLLOWING ARE OBSERVED:

1. THE CONFLICTING INTEREST IS FULLY DISCLOSED AT THE MEETING, PRIOR TO THE

DISCUSSION.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13 38

Sche	Chedule O (Form 990 or 990-EZ) (2013) Page 2														
Name of the organization			NPH-USA F/K/A FRIENDS OF THE ORPHANS									Employer identification number 65-1229309			
2.	THE	PERSON	WITH	THE	CONFL	лст	OF	INTEREST	IS	EXCLUDED	FROM	THE	DISCUSSIO		
ANI	ο Αρι	PROVAL (OF SUC	יד אי	RANSAC	יידסי	N :								

3. A COMPETITIVE BID OR COMPARABLE VALUATION EXISTS; AND

4. THE BOARD OR A DULY CONSITUTED COMMITTEE THEREOF HAS DETERMINED THAT THE TRANSACTION IS IN BEST INTEREST OF THE ORGANIZATION.

DISCLOSURES OF CONFLICTS INVOLVING STAFF ARE MADE TO THE CEO (OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD CHAIR), WHO SHALL BRING THE MATTER TO THE ATTENTION OF THE BOARD CHAIR, (OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD VICE-CHAIR) WHO SHALL BRING THESE MATTERS TO THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF.

THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IN THE CASE OF AN EXISTING CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO FRIENDS OF THE ORPHANS. THE DECISION OF THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF ON THESE MATTERS WILL REST IN THEIR SOLE DISCRETION, AND THEIR CONCERN MUST BE THE WELFARE OF FRIENDS OF THE ORPHANS AND THE ADVANCEMENT OF ITS PURPOSE.

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

EXPLANATION: THE INDEPENDENT BOARD OF DIRECTORS IS RESPONSIBLE FOR APPROVING COMPENSATION OF THE CEO BASED ON A RECOMMENDATION BY THE HUMAN RESOURCE COMMITTEE (HR). HR COLLECTS COMPARATIVE DATA ANNUALLY TO DETERMINE REASONABLENESS. HR EVALUATES THE CEO'S COMPENSATION AND DEVELOPS CEO GOALS ANNUALLY AND EVALUATES PERFORMANCE ANNUALLY AND SEMIANNUALLY. THE BOARD OF DIRECTORS DOCUMENTS COMPENSATION APPROVAL IN WRITING.

Schedule O (Form 990 or 990-EZ) (2013)	
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Name of the organization NPH-USA F/K/A FRIENDS OF THE ORPHANS Employer identification number 65-1229309

Page 2

OTHER OFFICER SALARIES ARE DETERMINED BY THE CEO.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AL, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC

ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, DE, LA

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

EXPLANATION: THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS NOR ITS

CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. THE ORGANIZATION'S

FINANCIAL STATEMENTS ARE MADE AVAILABLE ONLINE AND THROUGH A PUBLIC FILING.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF PERPETUAL TRUST

164,250.

FORM 990, PART XII, LINE 2C

EXPLANATION: THE ORGANIZATION'S BOARD OF DIRECTORS ASSUMES

RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS

AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT

CHANGED FROM THE PRIOR YEAR.

Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE R (Form 990)		Related Organizations aplete if the organization answered Attach to Form 990.		line 33, 34, 35b, 3	6, or 37.			^{OMB No. 154} 201 Open to P	3	
Department of the Treasur Internal Revenue Service		formation about Schedule R (Form	990) and its instructions is a	at _{www} irs gov/form	n990			Inspect	ion	
Name of the organi		5 OF THE ORPHANS				Emp 6	loyer ident	ification n 0309	umber	
Part I Identific	ation of Disregarded Entities Compl	ete if the organization answered "Yes	" on Form 990, Part IV, line 33	3.						
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state o foreign country)	or (d) Total inco	(e) me End-of-year	assets		(f) Direct controlling entity		
		-								
				Dert W. line 04 h						
	ation of Related Tax-Exempt Organizations during the tax year.	izations Complete if the organization	answered "Yes" on Form 990	J, Part IV, line 34 b	ecause it had one o	or more re	lated tax-ex	empt		
	(a) ame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) controlling entity	cont	g) 512(b)(13) rolled tity? No	
91-2005679, 134	LEGACY ENDOWMENT, INC 4 NORTH LASALLE STREET, 0602	SUPPORTING ORGANIZATION	DELAWARE	501(C)(3)		FRIENDS ORPHANS	OF THE		x	

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

Part IV Identification of Related Organiz organizations treated as a corpora	zations Taxable a ation or trust during	as a Corpo ng the tax y	ration or Trust C /ear.	omplete if th	ne organizati	on answ	vered "Yes	" on For	m 990, Part	t IV, line	34 because it ha	d one or n	ore re	lated
(a) Name, address, and EIN of related organization		(b) Primary activity		(C) Legal domicile (state or foreign	(d) Direct cont entity		olling Type of ent (C corp, S co or trust)		(f) Share of total income		(g) Share of end-of-year assets	(h) Percentac ownershi	e 51	(i) ection 2(b)(13) ntrolled ntity?
				country)			ortru	isi)			assets		Yes	s No
FRIENDS OF THE ORPHANS IRREVOCABLE	E TRUST													
134 N LASALLE STREET, #500 CHICAGO, IL 60602	TN	INVESTMENT			FRIENDS O ORPHANS		TRUST		97,737		2,074,686.	100.00	2	x
			-											
332162 09-12-13				42	<u> </u>		1				Sche	dule R (Fo	m 99	0) 2013

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related

(e)

Predominant income

(related, unrelated, excluded from tax under sections 512-514)

(f)

Share of total

income

(g)

Share of

end-of-year assets

(h)

Disproportionate

allocations?

Yes No

(d)

Direct controlling

entity

(c) Legal domicile

(state or

foreign

country)

NPH-USA Schedule R (Form 990) 2013 F/K/A FRIENDS OF THE ORPHANS

(b)

Primary activity

organizations treated as a partnership during the tax year.

Part III

(a)

Name, address, and EIN of related organization

(j)

(i)

Code V-UBI amount in box 20 of Schedule

K-1 (Form 1065) Yes No

Page 2

(k)

General or Percentage

managing partner?

Dout V	Transactions With Deleted Organizations Complete if the examination ensured "Veel on Form 000 Port IV line 24, 25h, av 26
Farty	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
	During the tax year, did the organization engage in any of the following transaction		0								
	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity						X				
b	Gift, grant, or capital contribution to related organization(s)				1b		X				
	Gift, grant, or capital contribution from related organization(s)					X					
	Loans or loan guarantees to or for related organization(s)						X				
е	Loans or loan guarantees by related organization(s)				1e	X					
							x				
	Dividends from related organization(s)						X				
g	J ()				1g		X				
h	Purchase of assets from related organization(s)				1h		X				
	Exchange of assets with related organization(s)				<u>1i</u>		X				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j						
k	k Lease of facilities, equipment, or other assets from related organization(s)										
1	 I Performance of services or membership or fundraising solicitations for related organization(s) 										
m							Х				
	 m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 										
 o Sharing of paid employees with related organization(s) 											
p Reimbursement paid to related organization(s) for expenses											
	Reimbursement paid by related organization(s) for expenses						Х				
r	Other transfer of cash or property to related organization(s)				1r	X					
S	Other transfer of cash or property from related organization(s)				1s		X				
2	If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	his line, including covered	relationships and transaction thresholds.							
	(a) Name of related organization	(b)	(c)	(d)							
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount in	volved						
		type (a-s)									
(4) 1	FATHER WASSON LEGACY ENDOWMENT, INC.	с	417,426.								
<u>()</u>		<u> </u>	417,420.								
(2) I	FATHER WASSON LEGACY ENDOWMENT, INC.	E	16,460.								
(3)											
(4)											
(5)											
(6)											

NPH-USA Schedule R (Form 990) 2013 F/K/A FRIENDS OF THE ORPHANS

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	e Are partner 501(c orgs	all s sec. c)(3)	(f) Share of total	(g) Share of end-of-year	(I Dispr tion	n) opor- nate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag	al or figing	(k) Percentage ownership
		country)	under section 512-514)	Yes	<u>No</u>	income	assets	Yes	tions? No	(Form 1065)	Yes	NO	
											\square		
											\square		
											\square		
											\square	\uparrow	

Schedule R (Form 990) 2013

Cchedule R (Form 990) 2013 F/K/A FRIENDS OF THE ORPHANS Part VII Supplemental Information	65-1229309 _P
Provide additional information for responses to questions on Schedule R (see instructions).	
2165 09-12-13	Schedule R (Form 990
45	•

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

							990							
Description	Date Acquired	Method	Life	C on v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
FURNITURE & FIXTURES														
FURNITURE AND EQUIPMENT	VARIOUS	SL	5.00		16	153,374.				153,374.	110,371.		32,358.	142,729.
* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						153,374.				153,374.	110,371.		32,358.	142,729.
OTHER														
FURNITURE AND EQUIPMENT	06/30/13	SL	5.00		16	21,329.				21,329.			3,796.	3,796.
* 990 PAGE 10 TOTAL OTHER						21,329.				21,329.	٥.		3,796.	3,796.
* GRAND TOTAL 990 PAGE 10 DEPR						174,703.				174,703.	110,371.		36,154.	146,525.
	FURNITURE & FIXTURES FURNITURE AND EQUIPMENT * 990 PAGE 10 TOTAL FURNITURE & FIXTURES OTHER FURNITURE AND EQUIPMENT * 990 PAGE 10 TOTAL OTHER * GRAND TOTAL 990 PAGE 10	FURNITURE & FIXTURES FURNITURE AND EQUIPMENT * 990 PAGE 10 TOTAL FURNITURE & FIXTURES OTHER FURNITURE AND EQUIPMENT * 990 PAGE 10 TOTAL OTHER * GRAND TOTAL 990 PAGE 10	FURNITURE & FIXTURES FURNITURE AND EQUIPMENT * 990 PAGE 10 TOTAL FURNITURE & FIXTURES OTHER FURNITURE AND EQUIPMENT * 990 PAGE 10 TOTAL OTHER * GRAND TOTAL 990 PAGE 10	FURNITURE & FIXTURES FURNITURE AND EQUIPMENT * 990 PAGE 10 TOTAL FURNITURE & FIXTURES OTHER FURNITURE AND EQUIPMENT 990 PAGE 10 TOTAL OTHER * 990 PAGE 10 TOTAL OTHER * GRAND TOTAL 990 PAGE 10	FURNITURE & FIXTURES FURNITURE AND EQUIPMENT * 990 PAGE 10 TOTAL FURNITURE & FIXTURES DTHER FURNITURE AND EQUIPMENT 990 PAGE 10 TOTAL OTHER * 990 PAGE 10 TOTAL OTHER * GRAND TOTAL 990 PAGE 10	FURNITURE & FIXTURES VARIOUS SL 5.00 16 * 990 PAGE 10 TOTAL FURNITURE & FIXTURES 06/30/13 SL 5.00 16 * 990 PAGE 10 TOTAL OTHER 06/30/13 SL 5.00 16 * 990 PAGE 10 TOTAL OTHER * GRAND TOTAL 990 PAGE 10	FURNITURE & FIXTURES FURNITURE AND EQUIPMENT * 990 PAGE 10 TOTAL FURNITURE & FIXTURES DTHER * 990 PAGE 10 TOTAL OTHER * 990 PAGE 10 TOTAL OTHER * 990 PAGE 10 TOTAL OTHER * GRAND TOTAL 990 PAGE 10	FURNITURE & FIXTURESVARIOUSSL5.0016153,374.FURNITURE AND EQUIPMENTVARIOUSSL5.0016153,374.* 990 PAGE 10 TOTAL FURNITURE & FIXTURES06/30/13SL5.001621,329.* 990 PAGE 10 TOTAL OTHER06/30/13SL5.001621,329.	FURNITURE & FIXTURESVARIOUSSL5.0016153,374.FURNITURE AND EQUIPMENT FURNITURE & FIXTURESVARIOUSSL5.0016153,374.OTHER06/30/13SL5.001621,329.* 990 PAGE 10 TOTAL OTHER * GRAND TOTAL 990 PAGE 1006/30/13SL5.001621,329.	FURNITURE & FIXTURESVARIOUSSL5.0016153,374* 990 PAGE 10 TOTAL FURNITURE & FIXTURESVARIOUSSL5.0016153,374* 990 PAGE 10 TOTAL FURNITURE & FIXTURES06/30/13SL5.001621,329* 990 PAGE 10 TOTAL OTHER * GRAND TOTAL 990 PAGE 1006/30/13SL5.001621,329	FURNITURE & FIXTURESVARIOUSSL5.0016153,374.153,374.* 990 PAGE 10 TOTAL FURNITURE & FIXTURESVARIOUSSL5.0016153,374.153,374.OTHER06/30/13SL5.001621,329.1621,329.21,329.* 990 PAGE 10 TOTAL OTHER06/30/13SL5.001621,329.21,329.21,329.	FURNITURE & FIXTURESVARIOUSSL5.0016153,374.1153,374.110,371.* 990 PAGE 10 TOTAL FURNITURE & FIXTURESVARIOUSSL5.0016153,374.1153,374.110,371.OTHERPURNITURE AND EQUIPMENT06/30/13SL5.001621,329.11110,371.* 990 PAGE 10 TOTAL OTHER06/30/13SL5.001621,329.1121,329.0.	FURNITURE & FIXTURESVARIOUSSL5.0016153,374.1153,374.110,371.* 990 PAGE 10 TOTAL FURNITURE & FIXTURESVARIOUSSL5.0016153,374.153,374.110,371.110,371.OTHER06/30/13SL5.001621,329.1621,329.21,329.0.* 990 PAGE 10 TOTAL OTHER06/30/13SL5.001621,329.21,329.0.	FURNITURE & FIXTURES VARIOUS SL 5.00 16 153,374. 110,371. 110,371. 32,358. * 990 PAGE 10 TOTAL FURNITURE & FIXTURES VARIOUS SL 5.00 16 153,374. 110,371. 110,371. 32,358. * 990 PAGE 10 TOTAL FURNITURE & FIXTURES VARIOUS SL 5.00 16 153,374. 16 153,374. 110,371. 32,358. OTHER PURNITURE AND EQUIPMENT 06/30/13 SL 5.00 16 21,329. Image: Comparison of the co

TAXABLE YEAR

California Exempt Organization Annual Information Return

328941 11-14-13 FORM

	•••••	
1	gg	

201	3 Annual Information Return		199
Calendar Yea	2013 or fiscal year beginning (mm/dd/yyyy) , and ending (mm	/dd/yyyy)	
Corporation/O	ganization Name	California corporation number	
NPH-US			
F/K/A	FRIENDS OF THE ORPHANS	3150671	
	room, or PMB no.)	FEIN	
	LASALLE STREET, NO. 500	65-1229309	
City	State ZIP Code		
CHICAG			
A First Retu			
		ted in any political campaign,	_
		e legislation or any ballot measur	е,
	rmation Return? or (3) made an election under Dissolved • Surrendered (Withdrawn) (relating to lobbying by publ		
		ic charities)?	
		nder R&TC Section 23701g? •	
	Cash (2) X Accrual (3) Other If "Yes," enter the gross rece		
		\$	5
(1) •			
G Is this a g	roup filing for the subordinates/affiliates? • 🗌 Yes 🔀 No 🛛 exclusively religious, educat	ional, or charitable, and is	
lf "Yes," a		more) by public contributions,	
H Is this or	ganization in a group exemption? Yes 🗴 No check box. No filing fee is re	quired.	
lf "Yes," v		Liability Company?	Yes X No
	N Did the organization file Forr	n 100 or Form 109 to	
	rganization have any changes in its activities, governing report taxable income?	•	Yes 📕 No
	nt, articles of incorporation, or bylaws that have		
	reported to the Franchise Tax Board? • Yes X No IRS audited in a prior year? xplain, and attach copies of revised documents.		
	complete Part I unless not required to file this form. See General Instructions B and C.		
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	• 1	489,234.00
	2 Gross dues and assessments from members and affiliates		00
	3 Gross contributions, gifts, grants, and similar amounts received S		636,321.00
Receipts		TMT 2	
and	This line must be completed. If the result is less than \$50,000, see General Instruction B	• 4 15,	125,555. ₀₀
Revenues	5 Cost of goods sold 5	00	
		,174.00	44 484
	7 Total costs. Add line 5 and line 6		41,174.00
	8 Total gross income. Subtract line 7 from line 4		084,381.00
Expenses	 9 Total expenses and disbursements. From Side 2, Part II, line 18 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 		922,157.00 162,224.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 11 Filing fee \$10 or \$25. See General Instruction F		102,224.00 10.00
	12 Total payments		00 101
Filing	13 Penalties and Interest. See General Instruction J		00
Fee	14 Use tax. See General Instruction K		00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result		10.00
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepar	s, and to the best of my knowledge an er has any knowledge.	d belief,
Sign	I Title	Date • Teleph	
Here	Signature of officer		386-7499
	Date Date	Check if	
	Preparer's signature	self-employed	95597
Paid	Firm's name (or yours, CT.TETONILADCONAT.T.E.N. T.T.D.		746740
Preparer's		4 L − 0 ● Teleph	746749
Use Only	employed) 1301 W. 22ND ST, STE 1100 and address OAK BROOK, IL 60523	(630	
	May the FTB discuss this return with the preparer shown above? See instructions		-
	אמא מיס דרם מוסנמסס מווס וסנמרוז אומו מוכ מוכאמוכו סווטאוו מטטעלי סכל וווטמטנוטווס		<u>.</u>

3651134

NPH-USA									
F/K/A	FRIENDS	OF	\mathbf{THE}	ORPHANS					

Part I	l Orga amo	nizations with gross receipts of m unt of gross receipts - complete P	ore than art II or f	\$50,000 and privat urnish substitute in	te foun format	dations rega ion.	ardless of				328951 11-14-1	13
		Cross sales or respirite from all h		antivitina. Can instru	otiono				1.1		453,727. ₀	_
		Gross sales or receipts from all b							1	-		
	3	Interest Dividends							3	_	6,855.0	<u>)0</u>
Receipt	-								4			00
from	5 5	Gross royalties							5	<u> </u>		00
Other	6	Gross amount received from sale	of asset	s (See Instructions)			STA	TEMENT 3	6		0.0	
Sources		Other income	5 01 00001			SEI	E STA	TEMENT 4 •	7	_	28,652.0	
0001000	8	Total gross sales or receipts fror	n other s	ources Add line 1 th	nronah	line 7 Enter	here and o	on Side 1 Part L line 1	8	-	489,234.0	
	9	Contributions, gifts, grants, and							9		,460,260.0	
	10	Disbursements to or for member	's	nounto para				•	10			00
	11	Compensation of officers, directo	ors and t	rustees		SEI	E STA	TEMENT 6	11	_	370,412.0	
									12		,849,096. ₀	
Expense									13	<u> </u>		00
and		Taxes							14		196,384.0	
Disburs		Rents							15		284,126.0	
ments	16	Depreciation and depletion (See	instructio					•	16		36,154.0	
mento	17	Other Expenses and Disburseme	nte	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SEI	E STA	ͲΕΜΕΝͲ 7	17		,725,725. ₀	
		Total expenses and disbursemer	IbhΔ atr	ine 9 through line 17	7 Enter	r here and or	Side 1 P	art I line 9	1		,922,157. ₀	
Scheo			1.5.7.001	Beginning of						xable y		<u> </u>
Assets				(a)		(b)		(C)			(d)	—
1 Cas	h			(-)		3,699	.599.			•	3,428,030	_
		s receivable					, <u>718.</u>			•	0,120,000	÷
		ceivable					, , _ 0 0			•		—
										•		—
		state government obligations								•		—
		in other bonds								•		—
7 Inve	estments	in stock STMT 8				363	,109.			•	276,773	_
	tgage lo						,			•		-
	er invest									•		-
		ole assets		417,694.				174,70)2.			_
b L	ess acci	imulated depreciation	(<u>333,517.</u>)		84	,177.				28,177	-
									/	•		-
12 Othe	er assets	STMT 9				3,140	,539.			•	3,136,383	
						7,299					6,869,363	
		et worth				,	<u> </u>					
14 Acc						1,384	,209.			•	731,717	-
		is, gifts, or grants payable								•	· · ·	—
		notes payable								•		_
		bayable								•		_
18 Othe	er liabilit	ies STMT 10				116	,606.				18,493	•
19 Cap	ital stocl	k or principle fund					-			•	i	_
		ital surplus. Attach reconciliation								•		_
21 Reta	ained ear	rnings or income fund				5,798	,327.			•	6,119,153	•
		es and net worth				7,299					6,869,363	•
Sched	dule N	I-1 Reconciliation of income	per book	s with income per r	eturn		-					_
		Do not complete this sched	Iule if the	amount on Schedu	le L, lin	ie 13, columi	n (d), is les	s than \$50,000.				
1 Net	income	per books	•	320,8	26.	7 Incom	e recorded	on books this year				
	eral inco							nis return. STMT	12	•	164,250	•
3 Exc	ess of ca	apital losses over capital gains	•			8 Deduc	tions in thi	s return not charged				
		recorded on books this year						ome this year		•		
		corded on books this year not				9 Total.					164,250	•
ded	ucted in	this return STMT	11 💽			10 Net inc	come per r	eturn.				
		ne 1 through line 5		326,4	74.	Subtra	ct line 9 fr	om line 6			162,224	•

3652134

FORM 199 CAS	H CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 3	S	TATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
JOHN POEPL	1342 HIGH POINT CT HASTINGS, MN 55033		600,000.
QUALITY CIRCUITS	1102 PROGRESS DR FERGUS FALLS, MN 56537		360,000.
JOHN NASSEFF	59 4TH STREET WEST, APT. 24C SAINT PAUL, MN 55102		584,215.
THE FLATLEY FOUNDATION	35 BRAINTREE HILL OFFICE PARK, STE. 400 BRAINTREE, MA 02184		1,000,000.
HICKEY FAMILY FOUNDATION	530 E HUBER ST MESA, AZ 85203		315,800.
TOTAL INCLUDED ON LINE 3			2,860,015.

	TRIBUTIONS OF \$ DED ON PART I,		STATEMENT 2	
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS		
CATHOLIC MEDICAL MISSION BOARD	10 W 17TH ST	NEW YORK, NY 100	11	
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	AMOUNT OF GIFT	
MEDICINE AND MEDICAL SUPPLIES	12/31/13	611,558.	611,558.	
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS		
NATIONAL CHILDREN'S CANCER SOCIETY	1 MEMORIAL DR	ST LOUIS, MO 63	102	
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	AMOUNT OF GIFT	
MEDICINE AND MEDICAL SUPPLIES	12/31/13	623,871.	623,871.	
TOTAL INCLUDED ON LINE 3			1,235,429	

FORM 199 GR	OSS AMOUNT	FROM SALE OF	ASSETS	S	TATEMENT	3
DESCRIPTION DISPOSAL OF FIXED ASSET	۶	DA: ACQUI		LD ACQ	THOD UIRED CHASED	
		COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PR	
		41,174.	0.	0.		0.
TOTAL TO FORM 199, PAGE	2, LN 6	41,174.	0.	0.		0.
FORM 199		OTHER INCOME		S	TATEMENT	4
DESCRIPTION					AMOUNT	
MISCELLANEOUS INCOME					28,6	52.
TOTAL TO FORM 199, PART	'II, LINE	7			28,6	52.

FORM 199 CASI	H CONTRIBUTIONS, AND SIMILAR AMO			STATEMENT	5
ACTIVITY CLASSIFICATIO	ON: GRANTS GIVEN				
DONEES NAME	DONEES ADDRESS		RELATIONSHIP	AMOUN	г
NEUSTROS PEQUENOS HERMANOS	8618 WESTWOOD CE VIENNA, VA 22182		PROGRAM SERVICES	10,460,	260.
	TOTAL FOR THIS A	CTIVITY		10,460,	260.
TOTAL INCLUDED ON FORM	M 199, PART II, L	INE 9		10,460,2	60.
FORM 199 COMPENSA	TION OF OFFICERS,	DIRECTORS AN	D TRUSTEES	STATEMENT	6
NAME AND ADDRESS		TITLE AVERAGE HRS		COMPENSAT	ION
M. CHARLES SWOPE 134 N LASALLE STREET, CHICAGO, IL 60602	NO. 500	CHAIR 2.00			0.
PATRICIA BUCKLEY 134 N LASALLE STREET, CHICAGO, IL 60602	NO. 500	VICE-CHAIR 2.00			0.
JOHN DEINHART 134 N LASALLE STREET, CHICAGO, IL 60602	NO. 500	DIRECTOR 2.00			0.
MAX MACCOBY 134 N LASALLE STREET, CHICAGO, IL 60602	NO. 500	DIRECTOR 2.00			0.
LAWRENCE KREMA 134 N LASALLE STREET, CHICAGO, IL 60602	NO. 500	DIRECTOR 2.00			0.
MIGUEL VENEGAS 134 N LASALLE STREET, CHICAGO, IL 60602	NO. 500	DIRECTOR 2.00			0.

NPH-USA F/K/A FRIENDS OF THE O	RPHANS	65-1229309
CLAIRE TOPP 134 N LASALLE STREET, NO. 500 CHICAGO, IL 60602	SECRETARY 2.00	0.
MARNIX GUILLAUME 134 N LASALLE STREET, NO. 500 CHICAGO, IL 60602	TREASURER 2.00	0.
JOHN SHINSKY 134 N LASALLE STREET, NO. 500 CHICAGO, IL 60602	AT-LARGE 2.00	0.
JOHN IBERLE 134 N LASALLE STREET, NO. 500 CHICAGO, IL 60602	DIRECTOR 2.00	0.
NELLIE JOHNSON 134 N LASALLE STREET, NO. 500 CHICAGO, IL 60602	DIRECTOR 2.00	0.
JORG NOWAK 134 N LASALLE STREET, NO. 500 CHICAGO, IL 60602	DIRECTOR 2.00	0.
MARIA LAMAS SHOJAEE 134 N LASALLE STREET, NO. 500 CHICAGO, IL 60602	DIRECTOR 2.00	0.
KARA HENRY 134 N LASALLE STREET, NO. 500 CHICAGO, IL 60602	DIRECTOR 2.00	0.
TODD SCHULTZ 134 N LASALLE STREET, NO. 500 CHICAGO, IL 60602	CFO & COO 40.00	0.
FRANK DONAGHUE 134 N LASALLE STREET, NO. 500 CHICAGO, IL 60602	CEO 40.00	0.
JAMES HOYT 134 N LASALLE STREET, NO. 500 CHICAGO, IL 60602	REGIONAL DIRECTOR 40.00	0.
KATIE HULTQUIST 134 N LASALLE STREET, NO. 500 CHICAGO, IL 60602	REGIONAL DIRECTOR 40.00	0.
CHUCK ALLWORTH 134 N LASALLE STREET, NO. 500 CHICAGO, IL 60602	REGIONAL DIRECTOR 40.00	0.

STATEMENT(S) 6

NPH-USA F/K/A FRIENDS OF THE ORP		05-1229309
CHRISTIAN DELGADO 134 N LASALLE STREET, NO. 500 CHICAGO, IL 60602	DIRECTOR OF FINANCE & ADM 40.00	11 0.
TOTAL TO FORM 199, PART II, LINE 11	1	0.
FORM 199 07	THER EXPENSES	STATEMENT 7
DESCRIPTION		AMOUNT
PROGRAM EDUCATION AND M BANK AND CREDIT CARD FE LICENSES AND FEES BAD DEBT EXPENSE DIRECT EXPENSES OF FUNDRAISING EVEN OTHER EMPLOYEE BENEFITS LEGAL FEES ACCOUNTING FEES INVESTMENT MANAGEMENT FEES OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES TRAVEL INSURANCE ALL OTHER EXPENSES TOTAL TO FORM 199, PART II, LINE 17		144,271. $114,436.$ $61,633.$ $50,762.$ $428,643.$ $229,061.$ $8,387.$ $15,445.$ $1,545.$ $190,287.$ $4,398.$ $159,848.$ $278,646.$ $23,085.$ $15,278.$ $1,725,725.$
FORM 199 INVESTN	MENTS IN STOCK	STATEMENT 8

DESCRIPTION	BEG. OF YEAR	END OF YEAR		
PUBLICLY TRADED SECURITIES	363,109.	276,773.		
TOTAL TO FORM 199, SCHEDULE L, LINE 7	363,109.	276,773.		

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NPH-USA F/K/A FRIENDS OF THE ORPHANS

65-1229309

FORM 199 OTHER ASSETS		STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES OTHER CURRENT ASSETS	351,543. 79,495. 33,135.	175,297. 87,335. 33,135.
BENEFICIAL INTEREST IN PERPETUAL TRUST BENEFICIAL INTEREST IN LAND TRUST	2,638,866. 37,500.	2,803,116. 37,500.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	3,140,539.	3,136,383.
FORM 199 OTHER LIABILITIE	:S	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE TO FATHER WASSON LEGACY ENDOWMENT, INC. #91-2005679 DUE TO OTHER ORGANIZATIONS	116,606. 0.	16,460. 2,033.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	116,606.	18,493.
FORM 199 EXPENSES RECORDED ON BOOKS T NOT DEDUCTED IN THIS RET		STATEMENT 11
DESCRIPTION		AMOUNT
UNREALIZED LOSSES ON INVESTMENTS		5,648.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5		5,648.
		STATEMENT 12
FORM 199 INCOME RECORDED ON BOOKS THI NOT INCLUDED IN THIS RET		
		AMOUNT
NOT INCLUDED IN THIS RET	'URN	

$\frac{\text{TAXABLE YEAR}}{2013}$ Co	orporat	ion Depi	reciatio	n and A	Amorti	zation				CALIFORN 38	85
Attach to Form 100 or Form	100W.			FORM	199			FI	EIN	65-12	29309
Corporation name									Califo	rnia corporatio	on number
NPH-USA											
F/K/A FRIEND	S OF TI	HE ORPHA	NS							315067	1
Part I Election To Expense	e Certain Prop	erty Under IRC S	ection 179								
1 Maximum deduction un	der IRC Sectio	n 179 for Californ	ia						. 1		\$25,000
Maximum deduction under IRC Section 179 for California Total cost of IRC Section 179 property placed in service											
3 Threshold cost of IRC Section 179 property before reduction in limitation											\$200,000
4 Reduction in limitation.											
5 Dollar limitation for taxa											
) Description o			1	usiness use o		;) Elected c				
6	· · · · ·										
7 Listed property (elected	IRC Section 1	79 cost)				7					
8 Total elected cost of IRC		,							8		
9 Tentative deduction. Ent											
10 Carryover of disallowed											
11 Business income limitat											
12 IRC Section 179 expens											
13 Carryover of disallowed									-		
Part II Depreciation and E											
(a)	(b)		(C)	(d)	(e)	(f)		((g)	(h)
Description property	Date acqu		stor	Depreciation		Depreciation	Life o	r	Depre	eciation	Additional
	(mm/dd/y	yyy) othe	r basis	allowable in e	earlier years	Method	rate		tor th	is year	first year depreciation
14 3 FURNIT	URE ANI	D EQUIPM	ENT								
	VARIO	JS 15	3,374.	11	0,371.	SL	5.00)	3	2,358.	
4 FURNIT	URE ANI) EQUIPM	ENT								
	06/30	/13 2	1,329.			SL	5.00)		3,796.	
TOTALS		17	4,703.	11	0,371.						
15 Add the amounts in colu	imn (g) and co	lumn (h). The tot	al of column (h	ı) may not exce	ed \$2,000.						
See instructions for line	14, column (h)						15	3	6,154.	
Part III Summary											
 16 Total: If the corporation IRC Section 179 expens Additional first year dep Depreciation (if no electi 17 Total depreciation claiment 18 Depreciation adjustment If line 17 is less than line 	e, add the amo reciation under on is made), e ed for federal p t. If line 17 is g	[•] R&TC Section 24 nter the amount f purposes from fec reater than line 16	4356, add the a rom line 15, co leral Form 456 6, enter the diff	amounts on line olumn (g) 2, line 22 erence here an	d on Form 10	0 or Form 100'	W, Side 1,	line 6.		3	<u>6,154.</u> 6,154.
amounts are used to del							-		. 18		0.
Part IV Amortization						io adjuotinoni					
(a) Description of prop	perty	(b) Date acquired (mm/dd/yyyy)	Cos	c) st or basis	Amortizatio	d) n allowed or earlier years	(e) R&TC section (see instruction	Per perc	(f) riod or centage) Amort for thi	ization
19								-			
20 Total. Add the amounts	in column (g)				•				20		
21 Total amortization claim	(-)								21		
22 Amortization adjustment Side 1, line 6. If line 21 i	t. If line 21 is g	reater than line 2), enter the diff	erence here an	d on Form 10	0 or Form 100	W,				

7621134

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MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 126148			Check if:				
NPH-USA F/K/A FRIENDS OF THE ORPHANS			Change of address Amended report				
134 N LASALLE STREET, NO. Address (Number and Street)	. 500	Corporate o	or Organization No.	3150671			
CHICAGO, IL 60602 City or Town, State and ZIP Code		Federal Em	iployer I.D. No.	65-1229309			
	NEWAL FEE SCHEDULE (11 Cal. Payable to Attorney General's Re	-)7, 311 and 312)			
Gross Annual Revenue Fee G	Gross Annual Revenue	Fee	Gross Annual R	levenue	Fee	e	
· · ·	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million	\$50 \$75		0,001 and \$10 million 00,001 and \$50 million 60 million	\$1! \$2: \$30	25	
PART A - ACTIVITIES							
For your most recent full accounting period Gross annual revenue $14,65$	iod (beginning_01/01/201 55,738. Total assets \$		ng <u>12/31/</u> 869,363.	2013_) list:			
PART B - STATEMENTS REGARDING ORGANIZ	ZATION DURING THE PERIOD O	OF THIS RE	PORT				
Note: If you answer "yes" to any of the question and details for each "yes" response. Ple				xplanation			
1. During this reporting period, were there any c	contracts loans leases or other fir	nancial tran	sactions between	the organization	Yes	No	
 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? 						x	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?						x	
3. During this reporting period, did non-program	n expenditures exceed 50% of gro	oss revenue	s?			x	
4. During this reporting period, were any organiz with the Internal Revenue Service, attach a c		alty, fine or	judgment? If you f	iled a Form 4720		x	
 During this reporting period, were the service If "yes," provide an attachment listing the national service 		•		ble purposes used?		x	
 During this reporting period, did the organiza name of the agency, mailing address, contac 	, .	nding? If so,	provide an attach	ment listing the		x	
 During this reporting period, did the organiza the number of raffles and the date(s) they occ 		rposes? If "	yes," provide an at	ttachment indicating		x	
 Does the organization conduct a vehicle don operated by the charity or whether the organ 			•			x	
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?						x	
Organization's area code and telephone number <u>312</u>	2-386-7499						
Organization's e-mail address							
l declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.							
	RANK DONAGHUE	С	EO				
Signature of authorized officer Printed Na	lame	Titl	e	Date			

For Of		inois		Form AG990-IL Revised 3/05
	Charitable Trust Bureau, 100 West Randol	ph CO	# 01	L-047607
	11th Floor, Chicago, Illinois 60601			all items attached:
AMT	·	X		of IRS Return
		Make Checks X Payable to		d Financial Statements of Form IFC
INIT		the Illinois 🔽) Annual Report Filing Fee
		Charity 🔼 🗠 Bureau Fund		0 Late Report Filing Fee
Feder	al ID # 65-1229309 MO DAY YR			MO DAY YR
Are c		anization was created	d:	06/29/2004
	LEGAL NPH-USA	Year-end		
	NAME F/K/A FRIENDS OF THE ORPHANS	amounts A) ASSETS	A) \$	6,869,363.
	MAIL DDRESS 134 N LASALLE STREET, NO. 500	B) LIABILITIES	B) \$	750,210.
	STATE CHICAGO, IL	C) NET ASSETS	C) \$	6,119,153.
	P CODE 60602	,	, ·	
Ι.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
	D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	100.038%	D) \$	15,090,048.
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	-0.038%	E) \$ F) \$	-5,667.
	F) OTHER REVENUES	-0.038%	г) ф	-5,007.
	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$	15,084,381.
п.	SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	100 //	, .	
	H) OPERATING CHARITABLE PROGRAM EXPENSE	4.689%	H) \$	699,769.
	I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$	
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	4.689%	J) \$	699,769.
		10000	σ) φ	
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):			
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	70.099%	К)\$	10,460,260.
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	74.788%	L) \$	11,160,029.
	M) MANAGEMENT AND GENERAL EXPENSE	6.756%	M) \$	1,008,132.
		0.750%	ινι) φ	1,000,152.
	N) FUNDRAISING EXPENSE	18.456%	N) \$	2,753,996.
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0) \$	14,922,157.
III .	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
	PROFESSIONAL FUNDRAISERS:			
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$	0.
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$	
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$	
	PROFESSIONAL FUNDRAISING CONSULTANTS:			
	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$	0.
IV.	COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YE	AR:		
	T) NAME, TITLE: TODD SCHULTZ, CFO & COO U) NAME, TITLE: JAMES HOYT, REGIONAL DIRECTOR		T) \$ U) \$	172,718. 128,924.
	V) NAME, TITLE: A. FRANK DONAGHUE, CEO		U) \$ V) \$	197,694.
v.	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDE CODE CATEGORIES	D)	<i>,</i> .	on back side of instructions
	CODE CATEGORIES			CODE
398091 05-01-13	W) DESCRIPTION: PROGRAMS FOR NEEDY CHILDREN		W)#	115
8091	X) DESCRIPTION: GRANTS TO OTHER CHARITABLE ORGANIZATION	18	X) #	150
18	Y) DESCRIPTION:		Y) #	

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	BANK OF AMERICA, 101 S TRYON STREET, CHARLOTTE, NC 29210			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: TODD SCHULTZ - 312-386-7499			

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:	A. FRANK DONAGHUE		
 REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END. FOR FEES DUE SEE INSTRUCTIONS. 	PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.		SIGNATURE	DATE
000404	GREGORY S. ADAMS		
398101	PREPARER (DRINT NAME)	SIGNATURE	DATE

05-01-13

PREPARER (PRINT NAME)