| Form | 8868 |
|-------|---------------|
| (Rev. | January 2022) |

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service |

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or print | Name of exempt organization or other filer, see instruc FRIENDS OF THE ORPHANS D/B/A NPH-USA | Taxpayer identification number (TIN) 65-1229309 | | | | |
|---|---|---|--|--------------------------|---|-------------------|
| File by the due date for filing your return. See | Number, street, and room or suite no. If a P.O. box, se 20 NORTH WACKER DRIVE, 4000 | ee instruct | ions. | | | |
| instructions. | City, town or post office, state, and ZIP code. For a fo CHICAGO, IL 60606 | reign addı | ress, see instructions. | | | |
| Enter the | Return Code for the return that this application is for (file | a separat | te application for each return) | <u></u> | | 01 |
| Applicatio | on | Return | Application | | | Return |
| ls For | | Code | Is For | | | Code |
| Form 990 | or Form 990-EZ | 01 | Form 1041-A | | | 08 |
| Form 472 | 0 (individual) | 03 | Form 4720 (other than individual) | | | 09 |
| Form 990 | PF | 04 | Form 5227 | | | 10 |
| Form 990 | -T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 990 | T (trust other than above) | 06 | Form 8870 | | | 12 |
| Form 990 | T (corporation) CHRISTIAN DELGA | 07 | | | | |
| If the o If this is box ▶ [1 rec the ▶ [2 If th | one No. ► <u>312-386-7499</u> rganization does not have an office or place of business s for a Group Return, enter the organization's four digit O . If it is for part of the group, check this box ► quest an automatic 6-month extension of time until organization named above. The extension is for the orga calendar year or X tax year beginning JUL 1, 2022 e tax year entered in line 1 is for less than 12 months, ch Change in accounting period | Aroup Exe and atta MAX unization's , an neck reasc | mption Number (GEN) I .ch a list with the names and TINs of X 15, 2024, to file return for: d ending | f this is fo all memb | r the whole ers the ext npt organiz | group, check this |
| | is application is for Forms 990-PF, 990-T, 4720, or 6069, nonrefundable credits. See instructions. | , enter the | tentative tax, less | 3a | \$ | 0. |
| | is application is for Forms 990-PF, 990-T, 4720, or 6069, | | | | | 0 |
| | mated tax payments made. Include any prior year overpa | | | 3b | \$ | 0. |
| | ance due. Subtract line 3b from line 3a. Include your pay | • | | 3c | \$ | 0. |
| Caution: instructior | ng EFTPS (Electronic Federal Tax Payment System). See If you are going to make an electronic funds withdrawal ns. or Privacy Act and Paperwork Reduction Act Notice. | (direct det | bit) with this Form 8868, see Form 84 | | d Form 887 | |

| | _ | PUB | LIC DISCLOSURE COPY - STATE F Return of Organization Exe | REGISTRATI | ON NO. 010476 | 07 OMB No. 1545-0047 |
|------------------------|----------------------------|-------------------------------|--|----------------------|--|----------------------------------|
| Forr | n g | 90 | Under section 501(c), 527, or 4947(a)(1) of the Interna | - | | 2022 |
| | | | Do not enter social security numbers on t | | | Open to Public |
| Intern | al Revei | f the Treasury nue Service | Go to www.irs.gov/Form990 for instruc | | | Inspection |
| AF | or the | e 2022 calend | ar year, or tax year beginning $ m JUL1,2022$ | and ending | JUN 30, 2023 | |
| В с а | heck if oplicabl | | forganization INDS OF THE ORPHANS | | D Employer identifie | cation number |
| X | Addre: | | A NPH-USA | | | |
| | Name] Chang | | usiness as | | 65-12293 | 09 |
| | Initial return | | r and street (or P.O. box if mail is not delivered to street addres | | | |
| | Final return/ termin | | ORTH WACKER DRIVE | 4000 | 312-386- | |
| | ated Ameno return | City or t | own, state or province, country, and ZIP or foreign posta | l code | G Gross receipts \$ H(a) Is this a group re | 20,519,415. |
| | Applic tion | | nd address of principal officer: JOHN DEINHART | l | for subordinates | |
| | pendir | | AS C ABOVE | | H(b) Are all subordinates in | |
| ΙT | ax-exe | empt status: [| | 4947(a)(1) or | 527 If "No," attach a | list. See instructions |
| | Vebsit | | SA.ORG | | H(c) Group exemptio | |
| | | | X Corporation Trust Association Othe | er L | /ear of formation: 2004 | A State of legal domicile: IL |
| Ра | rt I | Summary | | | | |
| é | | | be the organization's mission or most significant activities | | | |
| Governance | | | ES OF ORPHANED, ABANDONED ANI | | | |
| /err | | Check this bo | J | | | 14 |
| Go | | | dependent voting members of the governing body (Part V), line ray | | | 14 |
| s | | | of individuals employed in calendar year 2022 (Part V, lin | | | 38 |
| Activities & | | | of volunteers (estimate if necessary) | | | 650 |
| ctiv | | | | | 7a | 0. |
| A | b | Net unrelated | business taxable income from Form 990-T, Part I, line 11 | | | 0. |
| | | | | | Prior Year | Current Year |
| е | 8 | Contributions | and grants (Part VIII, line 1h) | | 18,291,381. | 19,511,450. |
| Revenue | | • | ice revenue (Part VIII, line 2g) | | 0. | 0. |
| Rev | | | come (Part VIII, column (A), lines 3, 4, and 7d) | | <u>13,710.</u> 381,867. | 143,201. |
| | | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 18,686,958. | <u>226,298.</u> 19,880,949. |
| | | | <u>- add lines 8 through 11 (must equal Part VIII, column (A)</u> milar amounts paid (Part IX, column (A), lines 1-3) | , line 12) | 12,357,367. | 12,240,545. |
| | | | to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| 6 | | | r compensation, employee benefits (Part IX, column (A), li | ines 5-10) | 2,986,973. | 3,566,628. |
| Expenses | | | undraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| tper | | | | 680,104. | | |
| ŵ | 17 | Other expens | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,950,372. | 2,450,546. |
| | 18 | Total expense | es. Add lines 13-17 (must equal Part IX, column (A), line 25 | 5) | 17,294,712. | 18,257,719. |
| | | Revenue less | expenses. Subtract line 18 from line 12 | | 1,392,246. | 1,623,230. |
| s or nces | | | | | Beginning of Current Year | End of Year |
| t Assets o d Balanc | | | Part X, line 16) | | <u>11,866,431.</u> 2,718,545. | <u>15,318,416.</u> 4,458,584. |
| Net A | 21 22 | | s (Part X, line 26) fund balances. Subtract line 21 from line 20 | | 9,147,886. | 10,859,832. |
| | rt II | Signatur | | | 5,147,000. | 10,000,002. |
| | | Ities of periury. | I declare that I have examined this return, including accompanyi | ng schedules and sta | tements, and to the best of my | knowledge and belief, it is |
| | | | by: Declaration of preparer (other than officer) is based on all inform | | | . , |
| | | | . Velgado | | 5/14/2024 | |
| Sigr | 1 | Signature of A | Miserc | | Date | |
| Here | e | | INHART, PRESIDENT & CEO | | | |
| | | Type or print r | | | | |
| | | Print/Type pre | | TOTRESSE | | |
| Paid | | | G. JOHNSON MONICA G. | JOHNSON | 05/14/24 self-employ | |
| Prep | | Firm's name | CLIFTONLARSONALLEN LLP 833 W. LINCOLN HWY, STE 2100 | TAT | Firm's EIN 4 | 1-0746749 |
| Use | UIIY | FILLIN'S ADDRESS | SCHERERVILLE, IN 46375 | vv | Phone no. (2 | 19) 864-7300 |
| May | the I | l RS discuse thi | s return with the preparer shown above? See instructions | | | X Yes No |
| |)1 12-1: | | For Paperwork Reduction Act Notice, see the separate | | | Form 990 (2022) |
| | | | | | | (— - ——) |

| | _ /_ / | THE ORPHANS | CE 100000 |
|----|---|--------------------------------------|---|
| | 990 (2022) D/B/A NPH-U | | 65-1229309 _{Pag} |
| ar | t III Statement of Program Service | Accomplishments | - |
| | Check if Schedule O contains a response | or note to any line in this Part III | |
| | Briefly describe the organization's mission: | | |
| | SEE SCHEDULE O | | |
| | | | |
| | | | |
| | | | |
| | Did the organization undertake any significant p | program services during the year wh | nich were not listed on the |
| | prior Form 990 or 990-EZ? | | |
| | If "Yes," describe these new services on Sched | | |
| | Did the organization cease conducting, or make | | ucts, any program services? |
| | If "Yes," describe these changes on Schedule (| | |
| | . | | largest pression convision on many and by expension |
| | | | largest program services, as measured by expenses. |
| | | | prants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service report | | 2 240 545 |
| 1 | | ,926. including grants of \$ 1 | |
| | | | ION OF IMPROVING THE LIVES OF |
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| | | | F NUESTROS PEQUENOS HERMANOS |
| | INTERNATIONAL, A.C. (NPH | I) AND INCREASING | PUBLIC AWARENESS OF THEIR |
| | PLIGHT. | | |
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| | Other program services (Describe on Schedule | | |
| | Other program services (Describe on Schedule (Expenses \$ includin | O.) g grants of \$ 13,748,926. |) (Revenue \$) |

12310514 131839 A424889

FRIENDS OF THE ORPHANS

| | 990 (2022) D/B/A NPH-USA 65-122 | 9309 | Р | age 3 |
|--------|--|------------|--------|--------------|
| Pa | t IV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | x |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| - | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| • | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | <u> </u> | | |
| Ū | Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| 3 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | | 9 | | x |
| 10 | If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 3 | | <u> </u> |
| 10 | | 10 | Х | |
| 44 | or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, | | - 23 | |
| 11 | | | | |
| | as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| d | | 11a | х | |
| L | Part VI | | - 11 | <u> </u> |
| D | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 446 | | x |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | x |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | v | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X X | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Λ | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | v | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | v |
| | Schedule D, Parts XI and XII | <u>12a</u> | | <u> </u> |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | - v |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | <u>14a</u> | | x |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | L |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | Х | |
| 232003 | 12-13-22 | Form | 990 | (2022) |

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4

FRIENDS OF THE ORPHANS

| Form | <u>990 (2022)</u> D/B/A NPH-USA 65-122 | <u>9309</u> | P | _{age} 4 |
|--------|---|-------------|-----|------------------|
| Par | t IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| 200 | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 200 | | <u> </u> |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | | 25b | | x |
| 26 | Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 200 | | <u> </u> |
| 26 | | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | 26 | | x |
| 07 | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 20 | | |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | 0- | | x |
| ~~ | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| с | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | <u> </u> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable |) | | |
| | | ס | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| _ | (gambling) winnings to prize winners? | 1c | Х | |
| 232004 | ↓ 12-13-22 | Form | 990 | (2022) |
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Form 990 (2022)

| | FRIENDS | OF | THE | ORPHANS |
|---------------|----------|------|-----|---------|
| rm 990 (2022) | D/B/A NI | PH-U | JSA | |

| Yes No 22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax, Statements. 28 38 33 Difference 38 X 34 Difference 38 X 35 Difference 38 X 34 Difference 38 X 35 Difference 38 X 34 Difference 38 X 35 Difference 38 X 36 Difference 38 X 36 Difference 38 X 37 X Transmittal cending system of the organization for the organizat | Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | |
|--|--------|---|---------------------------------------|-----------|-----|----------|--|--|
| The data of the calendar year ending with or within the year overale by this return 2a 38 b If a test one is reported on inter 2a, did the organization it is alreguing the year? 3a 3a b If 'test', inter all field a Form 3900 for this Year? 3a 3a b If 'test', inter all reads of the organization have an interest in, or a signature or other autority over, a transmitted business gross income of \$1,000 or more during the year? 3a X b If 'test', inter all reads of the organization in the reads of the organization have an interest in, or a signature or other autority over, a transmitted business gross income of \$1,000 or more during the year? 3a X b If 'test', inter an and of the forgin contry. Sa X X b If 'test', into the analy of the organization field or more startistic. Sa X b Was the organization in a torgen contry. Sa X c If 'test' in the as or 5b, did the organization field remd with the any time during the tax year? Sa X c If 'test' in the as or 5b, did the organization field remd with a during the year of the organization start event in the adductable of the organization field any taxabe cantributions on the at year of the adductable of the organization field any taxabe cantributions on the adductable of the organization field any taxabe cantributions on the adductable of the adduct | | | | | Yes | No | | |
| b If a least one is reported on line 2a, did the organization tile all required federal employment tax returns? gb X 36 Did the organization have unretable busines grows income of \$10,000 or mee during the year? 38 X 37 Aff the organization have unretable busines grows income of \$10,000 or mee during the year? 39 X 38 If "Yes," has it field a Form 990 T for this year? If "No" to line 30, provide an axplanation on Schedule 0 39 X 38 If "Yes," in the iter of a ceneral year, do the organization hat we cannot security or end for framcial accounts (FBAR). 58 X 58 West to erganization the arganization tile FOR MSRET? 50 X 50 Did any taxanial grows receipts that are normally greater than \$100,000, and did the organization solid any contributions and party for goods and services provided to the payor? 50 51 M* West " of line organization hat are normal solid busines actions or gifts were not tax deductible? 50 72 X 50 M* West " of line organization hat are normal solid busines actions provided? 74 X 51 M* West " of line organization near outry solid busines of targe party is a contribution and party for goods and service provided to the payor? 74 X 50 If "West " of line organization near outry busin | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | |
| a Did the organization have unrelated business prost income of \$1,000 or more during the year? ga X b If "Yes," has it field a form 990" for this year? If 'No' to fine 30, provide an explanation or Schedule 0 30 30 b If "Yes," into during the calmedar year, do the organization have an interest in, or a signiture or other authority over, a financial account? 4a X b If "Yes," even the name of the foreign country use any time during the tax year? 5a X b U If any toxable party notify the organization in the tax that any time during that year? 5a X b If any toxable party notify the organization in Fore SIN FORM THA any time during that years? 5a X c If "ves' to if the organization in Port MeB8617 5a X c If "ves,' to if the organization in Port MeB8617 5a X d If "ves,' du the organization include with evels a othization or eavoices provided? 7a X d If "ves,' du the organization include with evels a othization an express statement that such contributions or gifts were not last doubcibles at the value of the good or services provided? 7a X d If "ves,' indit entry as a provide dub the organization in eavoir state good or services provided? 7b X d If the organization solute with edun or of thevalue of the good or services provided? | | filed for the calendar year ending with or within the year covered by this return | 2a 38 | | | | | |
| b If Yes," has it field a form 690-T for this yes?" Yeo't of an Ste provide an explemation on Schedule 0. 30 4 At any time during the calendary yes," dift the organization have an interest in, or a signature or other authority over, a 4a b If Yes," antice the name of the foreign country (such as a bank account, securities account, or other financial account (? 4a b If Yes," antice the name of the foreign country (such as a bank account, securities account, or other financial accounts (PBAR). 5a 5a Was the organization have annual pross received that was or is a party to a prohibitod as shelter transaction? 5a 5a Does the organization have annual pross received that was or is a party to a prohibitod sub shelter transaction? 5a 5b If Yes," is the organization have annual pross received solutible contributions? 5a X 5b If Yes," is the organization have annual pross received solutible contributions and party for goods and services provided to the party? 5a X 6 If Yes," indicate the number of Forms 8252 filed dump the year [7a X 7a X If The organization have any theore ontherwise dispose of tangible personal brendit ontact? 7a X 7a If the organization necessed as thomas, party as a contribution of anal thearty as a contribution of anal thearty as a contribution of anal | b | If at least one is reported on line 2a, did the organization file all required federal employment tax retur | ns? | 2b | Х | | | |
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| b If Yes, "enter the name of the toreign country See instructions for filing requirements for FinCEN From 114, Report of Foreign Bank and Financial Accounts (FBAR). See 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? See X 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and idi the organization solid any contributions that we end tax dealt(bite form 888-7) See X 6a X If Yes," idi the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of tax debut to be solicitation and transport to tax debut to be solicitation and the organization and tax debut to be solicitation and the organization include with every solicitation an express statement that such contributions or gifts were not tax debut to be solicitation cover a prometim excess of \$750 frame party as a rotifubution and party for goods and services provided to the part? 7a X 7b If Yes," idi the organization notify the donor of the value of the goods or services provided? 7a X 7b Id the organization rotify any funds, directly to pay premiums on a personal benefit contract? 7a X 7c X Id the organization rotify and ordived funds. Id a donor adviced fund Ta X 7d If the organization rotify and anitating door adviced funds. Id a doorot adviced fund <td>4a</td> <td>At any time during the calendar year, did the organization have an interest in, or a signature or other a</td> <td>authority over, a</td> <td></td> <td></td> <td></td> | 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | authority over, a | | | | | |
| See instructions for lining requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR); 5a See Wash the organization approximation file form 6888-17; 5a C If "Yes" to line 6a or 5b, did the organization file form 6888-17; 5a B Des the organization have sental gross receipts that are normally greater than \$100,000, and did the organization sental gross receipts that are normally greater than \$100,000, and did the organization sental gross receipts that are normally greater than \$100,000, and did the organization sental gross receipts that are normally greater than \$100,000, and did the organization sental gross receive as particles as characteristic the area characteristic the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 0 11 "Ves," fold the organization neity the donor of the value of the goods or services provided? 7a X 0 11 of the organization receive a samplent in excess of 357 made partly as a contribution and partly for goods and services provided? 7a X 0 11 of the organization neity the donor of the value of the goods or services provided? 7a X 12 of the organization neity for generalization and pressore statement that such contract? 7a X 14 "Ves," fold the organization neity as generalization and pressore statement that such contract. 7a X 14 "Ves," fold the organization makes a stranse thespressonal benefit contract? | | financial account in a foreign country (such as a bank account, securities account, or other financial a | iccount)? | 4a | | X | | |
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| that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. 10 | 47 | | tivition | | | | | |
| If "Yes," complete Form 6069. | 17 | | | 47 | | | | |
| | | | | | | | | |
| | 232005 | | | Form | 990 | (2022) | | |

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| Form | FRIENDS OF THE ORPHANS D/B/A NPH-USA 65-1229 | 309 | P | age 6 |
|-------------------|---|---------------------|----------|--------------|
| | rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a | | | |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. | 100 1 | espon | 30 |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 10 | Enter the number of voting members of the governing body at the end of the tax year 1a 14 | | 163 | |
| Ia | Enter the number of voting members of the governing body at the end of the tax year 1a 4 | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| h | Enter the number of voting members included on line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| 2 | | 2 | | x |
| 3 | officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision | ~ | | |
| 5 | | 3 | | x |
| 4 | of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| - 5 | | - 1 5 | | X |
| - | | 6 | | X |
| 6 70 | Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | 0 | | |
| 7a | | 7- | | x |
| | more members of the governing body? | 7a | | |
| a | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | v |
| • | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | v | |
| a | The governing body? | 8a | X X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Δ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | v |
| 600 | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes X | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | Δ | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 101 | v | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | X X | |
| - | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | <u> </u> | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | 37 | |
| 12a | | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | v | |
| | on Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | 37 | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Х | 17 |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| _ | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filedAK, AL, AZ, AR, CA, CO, CT, DC, FL, | . GA , | HI, | ,IL |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s | only) a | availal | ble |
| | 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 on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | financ | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | CHRISTIAN DELGADO - 312-386-7499 | | | |
| | 20 NORTH WACKER DRIVE, SUITE #4000, CHICAGO, IL 60606 | | | |
| 232006 | 6 12-13-22 SEE SCHEDULE O FOR FULL LIST OF STATES | Form | 990 | (2022) |
| | 7 | | | |

Form 990 (2022)

FRIENDS OF THE ORPHANS

D/B/A NPH-USA

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

____ 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 | box, unless officer and | | son i | s both | n an | compensation | compensation | amount of |
| | week | | cer an | dad | irecto | r/trus | tee) | from | from related | other |
| | (list any | rector | | | | | | the | organizations | compensation |
| | hours for | or di | ee | | | ated | | organization | (W-2/1099-MISC/ | from the |
| | related organizations | ustee | trust | | 96 | bens | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | organization and related |
| | below | ual tr | tional | | vold | st con vee | _ | 1099-NEC) | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) JOHN DEINHART | 40.00 | | _ | | | | - | | | |
| PRESIDENT & CEO | 2.00 | | | Х | | | | 233,063. | 0. | 12,824. |
| (2) CHRISTIAN DELGADO | 40.00 | | | | | | | | | |
| CFO & COO | 2.00 | | | Х | | | | 219,100. | 0. | 12,658. |
| (3) XAVIER WALKER | 40.00 | | | | | | | | | |
| VP OF DONOR RELATIONS | | | | | | X | | 137,500. | 0. | 6,466. |
| (4) JENNIFER RAYNO | 40.00 | | | | | | | | | |
| VP OF DONOR RELATIONS | | | | | | X | | 132,500. | 0. | 6,461. |
| (5) STEPHANIE POMMIER | 40.00 | | | | | | | 100 500 | | |
| VP OF DONOR RELATIONS | 40.00 | | | | | X | | 132,500. | 0. | 5,117. |
| (6) JILL A MCDONOUGH | 40.00 | | | | | | | 105 500 | • | |
| VP OF DONOR ENGAGEMENT & STRATEGY | 40.00 | | | | | X | | 127,500. | 0. | 9,172. |
| (7) CHUCK ALLWORTH | 40.00 | | | | | | | 110 005 | • | |
| DIRECTOR OF PLANNED GIVING | | | | | | X | | 119,235. | 0. | 5,603. |
| (8) KELLY MCNAMARA CORLEY | 2.00 | | | | | | | | • | • |
| BOARD CHAIR | 0.00 | Х | | X | | | | 0. | 0. | 0. |
| (9) JOHN DUFFEY | 2.00 | | | | | | | • | 0 | 0 |
| VICE CHAIR | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (10) MARTHA FOGLER | 2.00 | | | | | | | • | 0 | 0 |
| SECRETARY | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (11) MIKE MEYER | 2.00 | | | | | | | 0 | 0 | 0 |
| TREASURER | 0.00 | Х | | Χ | | | | 0. | 0. | 0. |
| (12) LEE HUNTSMAN | 2.00 | 37 | | | | | | 0 | 0 | 0 |
| DIRECTOR | 2 00 | Х | | | | | | 0. | 0. | 0. |
| (13) MIGUEL VENEGAS | 2.00 | 77 | | | | | | 0. | 0. | 0 |
| DIRECTOR (14) KARIN-JOYCE (KJ) TJON | 2.00 | Х | | | | | | 0. | 0. | 0. |
| | 2.00 | х | | | | | | 0. | 0. | 0. |
| DIRECTOR (15) PAT MCCORMICK | 2.00 | Λ | | | | | | 0. | 0. | 0. |
| DIRECTOR | 2.00 | х | | | | | | 0. | 0. | 0. |
| (16) REGINA MUSECH | 2.00 | Δ | | | | | | 0. | 0. | 0. |
| DIRECTOR | 4.00 | х | | | | | | 0. | 0. | 0. |
| (17) CHRIS HEIM | 2.00 | ~ | | | | | | 0. | 0. | 0. |
| DIRECTOR | 2.00 | x | | | | | | 0. | 0. | 0. |
| 232007 12-13-22 | | 27 | | | | | | 0. | 0. | Form 990 (2022) |

8

232007 12-13-22

Form **990** (2022)

| Form 990 (2022) Form 990 (2022) | | RF | ЧA | NS | | | | | 65-122 | 930 | 9 | Page 8 |
|---|------------------|--------------------------------|------------------------|-----------|--------------|---------------------------------|--------|----------------------------|-------------------|--------|------------|---------------|
| Part VII Section A. Officers, Directors, Trus | | Nole | 299 | and | 1 Hid | ahes | t C | ompensated Employee | S (continued) | | | |
| Section A. Onicers, Directors, Trus | | l | | | | gnes | | | ,, | | | |
| (A) | (B) | | | (C Pos | | | | (D) | (E) | | (F | |
| Name and title | Average | (do | | | | I than d | one | Reportable | Reportable | | Estim | ated |
| | hours per | box | , unles | ss per | rson i | s both | n an | compensation | compensation | | amou | nt of |
| | week | offi | cer an | id a d | irecto | or/trus | tee) | from | from related | | oth | er |
| | (list any | ctor | | | | | | the | organizations | | ompen | sation |
| | hours for | direc | | | | 5 | | organization | (W-2/1099-MISC/ | | from | |
| | related | e or | stee | | | sate | | (W-2/1099-MISC/ | 1099-NEC) | | organiz | |
| | organizations | ruste | tra | | ee | nper | | 1099-NEC) | 10001120) | | and re | |
| | below | ual ti | iona | | ploy | ee cor | | 1000 (NEO) | | | rganiz | |
| | line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | 1 | iyaniz | alions |
| | , | Ē | <u> </u> | ₽ | , Ke | ĒĒ | Бo | | | | | |
| (18) CINDY SHINSKY | 2.00 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0 | • | | Ο. |
| (19) JEFF STEVENS | 2.00 | | | | | | | | | | | |
| | 2.00 | х | | | | | | 0 | 0 | | | 0 |
| DIRECTOR | | A | | | | | | 0. | 0 | • | | 0. |
| (20) CASEY GUEVARA-LEHKER | 2.00 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0 | • | | Ο. |
| (21) LIZ PRIOR | 2.00 | | | | | | | | | | | - |
| | 2.00 | v | | | | | | 0 | 0 | | | 0 |
| DIRECTOR | | Х | | | | | | 0. | 0 | • | | 0. |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | 1 | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 1,101,398. | 0 | • | 58 | 301. |
| | | | | | | | | 0. | | | 50, | |
| c Total from continuation sheets to Part VI | I, Section A | | | | | | | _ | | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,101,398. | 0 | • | <u>58,</u> | 301. |
| 2 Total number of individuals (including but n | ot limited to th | ose | liste | d ab | ove |) wh | o re | eceived more than \$100. | 000 of reportable | | | |
| compensation from the organization | | | | | | , | | | | | | 7 |
| | | | | | | | | | | | Va | |
| | | | | | | | | | | | Ye | s No |
| 3 Did the organization list any former officer, | director, trust | ee, k | ey e | empl | oye | e, or | hig | hest compensated emp | loyee on | | | |
| line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | 3 | 3 | X |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | - | |
| | | | | | | | | | | | | |
| and related organizations greater than \$150 |),000? If "Yes, | " со | mple | ete S | Sche | edule | e J f | for such individual | | . 4 | ı X | · · · · |
| 5 Did any person listed on line 1a receive or a | ccrue comper | isati | on fr | om | any | unre | elate | ed organization or individ | dual for services | | | |
| rendered to the organization? If "Yes," com | nlata Schadula | | nr ei | ich i | nore | on | | | | . 5 | 5 | X |
| Section B. Independent Contractors | | 201 | 51 30 | | 5013 | 011 . | | | | | · . | - |
| • | | | | | | | | | | | - | |
| 1 Complete this table for your five highest co | mpensated inc | lepe | nder | nt co | ontra | actor | rs th | nat received more than \$ | 100,000 of compen | sation | from | |
| the organization. Report compensation for | the calendar ye | ear e | ndir | ng w | ith c | or wi | thin | the organization's tax y | ear. | | | |
| (A) | | | | | | | | (B) | | | (C) | |
| Name and business | address | NO | ONE | 7 | | | | Description of s | ervices | Com | pensa | tion |
| | | 11(| 1111 | - | | | - | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (in | ncluding but no | ot lin | nited | d to t | thos | se lis | ted | above) who received mo | ore than | | | |

0 \$100,000 of compensation from the organization

Form **990** (2022)

232008 12-13-22

 9 2022.05090 FRIENDS OF THE ORPHANS D/ A4248891

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| Form | n 990 (| | | DS OF NPH-U | | E ORPHANS | 5 | | 65-1229 | 309 | Page 9 |
|---|-------------|--------------------------------------|----------|----------------|-------------|---------------------|-----------------------------|--------------------------|---------|------------------|------------------|
| Pa | rt VII | | | | | | | | | | |
| | | Check if Schedule O | conta | ins a respo | onse o | or note to any line | e in this Part VIII | | | | |
| | | | | | | | (A) Total revenue | (B) Related or exempt | (C) | (D) Revenue e | xcluded under |
| s s | 1 a | Federated campaigns | | 1a | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | | | | | | | | | |
| л Б С | с | Fundraising events | | | | 2,151,441. | | | | | |
| ar A | d | Related organizations | | | | 942,000. | | | | | |
| s, G | е | Government grants (cont | ributic | ons) 1e | | | | | | | |
| r Si | f | All other contributions, gifts, | , grants | s, and | | | | | | | |
| ibu: | | similar amounts not included | d abov | | | 16,418,009. | | | | | |
| d Cr | g | Noncash contributions included in | lines 1a | a-1f 1g | 5 | | | | | | |
| <u>ы С</u> | h | Total. Add lines 1a-1f | | | | | 19,511,450. | | | | |
| | | | | | | Business Code | | | | | |
| ice Ce | 2 a | | | | | | | | | | |
| er v | b | | | | | | | | | | |
| n S /eni | с | | | | | | | | | | |
| grai Rev | d | | | | | | | | | | |
| Program Service Revenue | e f | All other program service | rovor | | | | | | | | |
| _ | u a | | | | | | | | | | |
| | 3 | Investment income (inclue | | | | | | | | | |
| | - | | - | | | | 141,094. | | | 14: | 1,094. |
| | 4 | Income from investment | | | | | | | | | |
| | 5 Royalties | | | | | | | | | | |
| | | | | (i) Real | | (ii) Personal | | | | | |
| | 6 a | Gross rents | 6a | | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | | | |
| | С | | 6c | | | | | | | | |
| | d | | | | | | | | | | |
| | 7 a | Gross amount from sales of | 1 1 | (i) Securit | | (ii) Other | | | | | |
| | | assets other than inventory | 7a | 49,3 | 364. | | | | | | |
| " | b | Less: cost or other basis | | 47,2 | 057 | | | | | | |
| enne | | and sales expenses | | | L07. | | | | | | |
| eve | | Gain or (loss) Net gain or (loss) | | , | | | 2,107. | | | | 2,107. |
| Other Rev | | Gross income from fundraisi | | | ······ | | 2,20,1 | | | | _,, |
| Ę | 0 4 | including \$ 2, | | | | | | | | | |
| • | | contributions reported on | | | | | | | | | |
| | | Part IV, line 18 | | - | 8a | 694,856. | | | | | |
| | b | | | | 8b | 591,209. | | | | | |
| | с | Net income or (loss) from | fundr | aising ever | nt <u>s</u> | | 103,647. | | | 103 | 3,647. |
| | 9 a | Gross income from gamir | | | | | | | | | |
| | | Part IV, line 19 | | | <u>9a</u> | | | | | | |
| | | | | | 9b | l | | | | | |
| | | Net income or (loss) from | | | s | | | | | | |
| | 10 a | Gross sales of inventory, | | | - | | | | | | |
| | b | and allowances | | | 10a 10b | | | | | | |
| | | Less: cost of goods sold | | | | 1 | | | | | |
| | C | Net income or (loss) from | 30153 | | ·y | Business Code | | | | | |
| sno | 11 a | MISCELLANEOUS INCOM | E | | | 561000 | 122,651. | | | 12: | 2,651. |
| Dec | b | | | | | | , | | | | |
| ella evel | c | | | | | | | | | | |
| Miscellaneous Revenue | d | All other revenue | | | | | | | | | |
| 2 | е | Total. Add lines 11a-11d | | | | | 122,651. | | | | |
| | 12 | Total revenue. See instructi | ons | | | | 19,880,949. | 0. | 0. | | 9,499. |
| 232009 | 9 12-13 | -22 | | | | | | | | Form 99 | 0 (2022) |

FRIENDS OF THE ORPHANS

65-1229309 Page 10 D/B/A NPH-USA Form 990 (2022) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 12,240,545. 12,240,545. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 240,235. 477,646. 151,351. 86,060. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,607,517. 684,381. 533,621. 1,389,515. Other salaries and wages 7 8 Pension plan accruals and contributions (include 194,061. 54,439. 42,455. 97,167. section 401(k) and 403(b) employer contributions) 19,677. 66,135. 13,454. 33,004. Other employee benefits 9 221,269. 78,184. 91,475. 51,610. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 11,027. 11,027. b Legal 37,926. 37,926. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 27,204. 190,221. 253,425. 36,000. column (A), amount, list line 11g expenses on Sch 0.) 146,160. 146,160. Advertising and promotion 12 214,354. 16,830. 109,402. 88,122. Office expenses 13 Information technology 14 15 Royalties 91,361. 314,154. 74,918. 147,875. 16 Occupancy 195,682. 564,634. 252,842. 116,110. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 71,828. 71,828. Depreciation, depletion, and amortization 22 41,484. 41,484. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 159,068. 147,281. 11,787. BANK AND CREDIT CARD FE а LICENSES AND FEES 113,790. 113,790. h 68,254. 68,254. CULTIVATION С 52,606. 20,604. 32,002. d HOSPITALITY & MEALS 401,836. 22,624. 185,838. 193,374. e All other expenses 18,257,719. 13,748,926. 1,828,689. 2,680,104. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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232010 12-13-22

Form 990 (2022)

12310514 131839 A424889

FRIENDS OF THE ORPHANS D/B/A NPH-USA

| | n 990 (| | | | | <u>65-</u> | 1229309 Page 11 |
|-----------------------------|---------|---|------------|--------------------|---------------------------------|------------|---------------------------|
| Pa | rt X | Balance Sheet | | | | | |
| | | Check if Schedule O contains a response or not | e to any l | ine in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 8,300,293. | 1 | 11,710,606. |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 622,497. | 3 | 449,113. |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | | | | | |
| | | controlled entity or family member of any of thes | | | | 5 | |
| | 6 | Loans and other receivables from other disqualif | | | | | |
| | | under section 4958(f)(1)), and persons described | | | | 6 | |
| S | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | Description of the second state of the second | | | 100,420. | 9 | 188,976. |
| | | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 955,380. | | | |
| | b | Less: accumulated depreciation | 10b | 797,684. | 125,789. | 10c | 157,696. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 1 | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line 1 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 2,717,432. | 15 | 2,812,025. |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 11,866,431. | 16 | 15,318,416. |
| | 17 | Accounts payable and accrued expenses | | | 2,696,074. | 17 | 3,483,616. |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | 203,705. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | | | | 21 | |
| S | 22 | Loans and other payables to any current or form | er officer | , director, | | | |
| litie | | trustee, key employee, creator or founder, substa | antial cor | ntributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of thes | e person | s | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | ted third | parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | l third pa | rties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | | | | | |
| | | parties, and other liabilities not included on lines | 17-24). (| Complete Part X | <u> </u> | | |
| | | of Schedule D | | | 22,471. | 25 | 771,263. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 2,718,545. | 26 | 4,458,584. |
| Ś | | Organizations that follow FASB ASC 958, che | ck here | X | | | |
| ice: | | and complete lines 27, 28, 32, and 33. | | | F 001 F00 | | |
| alar | 27 | Net assets without donor restrictions | | | 5,801,528. | 27 | 5,801,528. 5,058,304. |
| ä | 28 | | | | 3,346,358. | 28 | 5,058,304. |
| ŭ | | Organizations that do not follow FASB ASC 98 | 58, chec | k here | | | |
| Ĕ | | and complete lines 29 through 33. | | | | | |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| SSe | 30 | Paid-in or capital surplus, or land, building, or eq | | | | 30 | |
| эt А | 31 | Retained earnings, endowment, accumulated inc | | Г | 9,147,886. | 31 | 10,859,832. |
| Ň | 32 | | | | 11,866,431. | 32 | 15,318,416. |
| | 33 | Total liabilities and net assets/fund balances | | | 11,000,431. | 33 | 10, 310, 410 |

Form **990** (2022)

232011 12-13-22

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| uSign | Envelope ID: 9A466746-72EC-44AA-A4B0-B02EEFFF0EF3 | | | | | |
|-------|--|---------|----------|-----|---------------|------------------|
| | FRIENDS OF THE ORPHANS | | | | | |
| Form | 990 (2022) D/B/A NPH-USA | 65 | -12293 | 09 | Pag | _{ge} 12 |
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | X |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 19, | 880 |),94 | 49. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 18, | 257 | 7,7 | 19. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1, | 623 | 3,2 | 30. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 9, | 147 | 7,88 | 86. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | -2 | 03. |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | 88 | 3 , 9: | <u>19.</u> |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | 10, | 859 |), 8 3 | 32. |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | X |
| | | | _ | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | |
| | consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | I | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule (| D. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | ····· - | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | | | | | 1 |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | L |

Form **990** (2022)

| SCHEDULE A | Dublic Cha | rity Status an | d Duk | lic Si | innort | | OMB No. 1545-0047 |
|--|---|---|-------------------------------------|------------------|-----------------|--------------|----------------------------|
| (Form 990) | | ization is a section 501 | | | | | 2022 |
| | | 47(a)(1) nonexempt cha | | | | | ZUZZ |
| Department of the Treasury Internal Revenue Service | | ttach to Form 990 or Fo | | | | | Open to Public |
| | ų. | Form990 for instruction | is and the | latest inf | ormation. | | Inspection |
| | NDS OF THE | ORPHANS | | | | | identification number |
| Part I Reason for Public (| A NPH-USA | | | ia want \ C | | | 5-1229309 |
| | | | | | ee instruction | S. | |
| The organization is not a private found | | | • | - | | | |
| 1 A church, convention of chi | | | | n 170(a)(1 | I)(A)(I). | | |
| 2 A school described in section 3 A hospital or a cooperative | | - | | V6V4VAV;; | ::) | | |
| 3 A hospital or a cooperative 4 A medical research organiz | | | | | • | (iii) Entor | the hospital's name |
| city, and state: | ation operated in col | ijuneton with a nospital | acsenbea | in Sectio | | | the hospital s hame, |
| 5 An organization operated for | or the benefit of a col | llege or university owned | or operat | ed by a oc | vernmental u | nit describe | ed in |
| • | section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | |
| 6 A federal, state, or local go | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 X An organization that norma | Ily receives a substa | ntial part of its support fr | om a gove | ernmental | unit or from th | ne general j | oublic described in |
| section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | |
| 8 A community trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Part | : II.) | | | | |
| 9 An agricultural research org | ganization described | in section 170(b)(1)(A)(i | x) operate | ed in conju | inction with a | land-grant | college |
| or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the i | name, city | , and state of | the college | or |
| university: | | | | | | | |
| 10 An organization that norma | | | | | | | |
| activities related to its exen | | - | | | | | - |
| income and unrelated busir | | (less section 511 tax) fro | m busines | ses acqui | red by the org | anization a | after June 30, 1975. |
| See section 509(a)(2). (Co | | | | | 20(-)(4) | | |
| 11 An organization organized a 12 An organization organized a | - | • | • | | | way out the | numerous of one or |
| 12 An organization organized a more publicly supported or | - | • | - | | | • | |
| lines 12a through 12d that | - | | | | | | |
| a Type I. A supporting orga | • • | | | | | - | aivina |
| the supported organization | - | - | • • • • | - | | | |
| organization. You must o | | | | | | | |
| b Type II. A supporting org | anization supervised | or controlled in connect | ion with it | s supporte | ed organizatio | n(s), by hav | ving |
| control or management o | of the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or mana | ge the supp | ported |
| organization(s). You mus | • • • | | | | | | |
| c Type III functionally inte | grated. A supporting | g organization operated i | in connect | tion with, a | and functional | ly integrate | ed with, |
| its supported organization | .,. | • | | | | | |
| d Type III non-functionally | • • | | | | | • | |
| that is not functionally int | | | | | | an attentiv | /eness |
| requirement (see instructi | | | | | | | |
| e Check this box if the orga | | | | | турет, туре | п, туре п | |
| functionally integrated, or f Enter the number of supported of | | | | | | | |
| g Provide the following information | • | d organization(s) | | | | | |
| (i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | anization listed | (v) Amount of | monetary | (vi) Amount of other |
| organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ir | structions) | support (see instructions) |
| | | | | | | | |
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| Total | | | - | | | | <u> </u> |

FRIENDS OF THE ORPHANS

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| | 65-122 |

293<u>09 Page 2</u> D/B/A NPH-USA Schedule A (Form 990) 2022 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | | | | | |
|------|--|-----------------------|----------------------|----------------------------------|----------------------------|--------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 18689782. | 18689596. | 23036542. | <u>18291381.</u> | <u>19511450.</u> | 98218751. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 18689782. | 18689596. | 23036542. | 18291381. | 19511450. | 98218751. |
| 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) | | | | | | 6180715. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 92038036. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 | Amounts from line 4 | 18689782. | 18689596. | 23036542. | <u>18291381.</u> | <u>19511450.</u> | 98218751. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 48,821. | 55,854. | 10,550. | 13,710. | 143,201. | 272,136. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 10,000. | 10,100. | 16,019. | 10,034. | 122,651. | 168,804. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 98659691. |
| 12 | Gross receipts from related activities, | etc. (see instructio | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for th | ne organization's fir | rst, second, third, | fourth, or fifth tax y | ear as a section 5 | 01(c)(3) | |
| | organization, check this box and stop | | | | | | |
| Sec | ction C. Computation of Publi | ic Support Per | centage | | | r | |
| 14 | Public support percentage for 2022 (I | line 6, column (f), d | ivided by line 11, o | column (f)) | | 14 | 93.29 % |
| 15 | | | | | | 15 | 93.06 % |
| 16a | 33 1/3% support test - 2022. If the o | organization did no | t check the box o | n line 13, and line ⁻ | 14 is 33 1/3% or m | ore, check this bo | |
| | stop here. The organization qualifies | | - | | | | |
| b | 33 1/3% support test - 2021. If the o | organization did no | t check a box on I | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qual | | • • | | | | |
| 17a | 10% -facts-and-circumstances test | t - 2022. If the org | anization did not o | check a box on line | e 13, 16a, or 16b, a | nd line 14 is 10% | or more, |
| | and if the organization meets the fact | s-and-circumstance | es test, check this | box and stop he | re. Explain in Part | VI how the organiz | ation |
| | meets the facts-and-circumstances te | - | | | - | | |
| b | 10% -facts-and-circumstances test | t - 2021. If the org | anization did not o | check a box on line | e 13, 16a, 16b, or 1 | 7a, and line 15 is | 10% or |
| | more, and if the organization meets the | | | | | | |
| | organization meets the facts-and-circu | | | | | | |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | | |
| | | | | | | Schedule A | (Form 990) 2022 |

Schedule A (Form 990) 2022

FRIENDS OF THE ORPHANS

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| Part III | Support | t Schedule for Organizations Described in Section 509(a)(2) | - |
|----------|---------|---|---|
| | Sappon | | |

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

| See | ction A. Public Support | | | | | | |
|------|--|---------------------|----------------------|----------------------|---------------------|----------------|------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 202 | 2 (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 | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| t | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Se | ction B. Total Support | - | - | T | T | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 202 | 2 (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | ne organization's f | irst, second, third, | fourth, or fifth tax | year as a section s | 501(c)(3) orga | nization, |
| | check this box and stop here | | | | | | |
| See | ction C. Computation of Publi | ic Support Pe | rcentage | | | | |
| | Public support percentage for 2022 (I | | | column (f)) | | 15 | % |
| | Public support percentage from 2021 | | | | | 16 | % |
| See | ction D. Computation of Inves | | | | | <u> </u> | |
| 17 | 1 0 | | | ine 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2022. If the | | | | | | line 17 is not |
| | more than 33 1/3%, check this box a | | | | | | |
| Ľ | 33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | | | • | | • | |
| - | 23 12-09-22 | and not oncor a | | | | | dule A (Form 990) 2022 |
| | | | | | | 20.10 | |

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FRIENDS OF THE ORPHANS

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Yes No

Schedule A (Form 990) 2022 D/B, Part IV Supporting Organizations

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

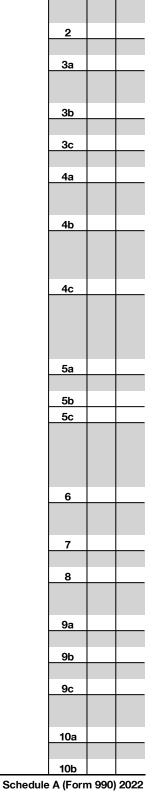
Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

D/B/A NPH-USA

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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FRIENDS OF THE ORPHANS

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|-------------|---|---------------------|----------|----------|
| | Idule A (Form 990) 2022 D/B/A NPH-USA 6 rt IV Supporting Organizations (continued) 6 | J-1229J0 | 9 Pa | ige 5 |
| Ta | Supporting Organizations (continued) | | | <u> </u> |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | orted | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | · | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | Ŭ | | |
| 1 | | uctions) | | |
| ' a b | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction). The organization satisfied the Activities Test. Complete line 2 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. | ty (see instruction | <i>'</i> | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | | 2b | | |
| • | these activities but for the organization's involvement. | 20 | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | - | | |
| _ | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | <u>3a</u> | | |
| b | | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

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Schedule A (Form 990) 2022

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| Schedule A (Form 990) 2022 D/B/A | NPH-USA | | 6 | 55-1229309 Page 6 |
|--|---|------------|-------------------------------------|--------------------------------|
| | tegrated 509(a)(3) Supporting | Organi | | |
| 1 Check here if the organization satisfie | d the Integral Part Test as a qualifying | trust on N | lov. 20, 1970 (<i>explain in</i> l | Part VI). See instructions. |
| | grated supporting organizations must of | | • | |
| Section A - Adjusted Net Income | | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | | 1 | | |
| 2 Recoveries of prior-year distributions | | 2 | | |
| 3 Other gross income (see instructions) | | 3 | | |
| 4 Add lines 1 through 3. | | 4 | | |
| 5 Depreciation and depletion | | 5 | | |
| 6 Portion of operating expenses paid or incur | red for production or | | | |
| collection of gross income or for manageme | ent, conservation, or | | | |
| maintenance of property held for production | n of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, a | and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exemption | ot-use assets (see | | | |
| instructions for short tax year or assets held | l for part of year): | | | |
| a Average monthly value of securities | | 1a | | |
| b Average monthly cash balances | | 1b | | |
| c Fair market value of other non-exempt-use a | issets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | | 1d | | |
| e Discount claimed for blockage or other fact | tors | | | |
| (explain in detail in Part VI): | | | | |
| 2 Acquisition indebtedness applicable to non- | exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0. | 015 of line 3 (for greater amount, | | | |
| see instructions). | - | 4 | | |
| 5 Net value of non-exempt-use assets (subtrac | ct line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035. | | 6 | | |
| 7 Recoveries of prior-year distributions | | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line | 6) | 8 | | |
| Section C - Distributable Amount | | | | Current Year |
| 1 Adjusted net income for prior year (from Sec | ction A, line 8, column A) | 1 | | |
| 2 Enter 0.85 of line 1. | | 2 | | |
| 3 Minimum asset amount for prior year (from S | Section B, line 8, column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | | 4 | | |
| 5 Income tax imposed in prior year | | 5 | | |
| 6 Distributable Amount. Subtract line 5 from | line 4, unless subject to | | | |
| emergency temporary reduction (see instruction | ctions). | 6 | | |
| 7 Check here if the current year is the o | rganization's first as a non-functionally | integrate | d Type III supporting orga | nization (see |

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

| | | FRIENDS OF TH | E ORPHANS | | |
|----------|-----------------------------|---|-------------------------------|--------------------------------|----------------------------------|
| | dule A (Form 990 | | | | 65-1229309 Page 7 |
| Par | tV Type II | I Non-Functionally Integrated 509 | a)(3) Supporting Orga | nizations (continued | <u>d)</u> |
| Secti | ion D - Distributi | ons | | | Current Year |
| _1 | Amounts paid to | supported organizations to accomplish exe | mpt purposes | | 1 |
| 2 | Amounts paid to | perform activity that directly furthers exemp | t purposes of supported | | |
| | organizations, in | | 2 | | |
| 3 | | xpenses paid to accomplish exempt purpose | es of supported organizations | S | 3 |
| 4 | | acquire exempt-use assets | - | | 4 |
| 5 | | de amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 |
| 6 | | ns (describe in Part VI). See instructions. | | | 6 |
| 7 | | stributions. Add lines 1 through 6. | | | 7 |
| 8 | | attentive supported organizations to which the | e organization is responsive | | |
| | | n Part VI). See instructions. | | | 8 9 |
| 9 | | ount for 2022 from Section C, line 6 | | | 10 |
| 10 | Line o amount u | ivided by line 9 amount | (i) | (ii) | (iii) |
| Secti | ion E - Distributi | on Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2022 | Distributable Amount for 2022 |
| _1 | Distributable am | ount for 2022 from Section C, line 6 | | | |
| 2 | Underdistributio | ns, if any, for years prior to 2022 (reason- | | | |
| | able cause requi | ired - explain in Part VI). See instructions. | | | |
| 3 | Excess distribut | ions carryover, if any, to 2022 | | | |
| a | From 2017 | | | | |
| b | From 2018 | | | | |
| C | From 2019 | | | | |
| d | From 2020 | | | | |
| e | From 2021 | | | | |
| f | Total of lines 3a | through 3e | | | |
| g | Applied to under | rdistributions of prior years | | | |
| <u>h</u> | Applied to 2022 | distributable amount | | | |
| i | | 2017 not applied (see instructions) | | | |
| j_ | | tract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | | 2022 from Section D, | | | |
| | line 7: | \$ | | | |
| | | rdistributions of prior years | | | |
| <u>b</u> | | distributable amount | | | |
| | | tract lines 4a and 4b from line 4. | | | |
| 5 | • | rdistributions for years prior to 2022, if | | | |
| | | es 3g and 4a from line 2. For result greater | | | |
| | , | in in Part VI. See instructions. | | | |
| 6 | | rdistributions for 2022. Subtract lines 3h | | | |
| | | 1. For result greater than zero, <i>explain in</i> | | | |
| | Part VI. See inst | | | | |
| 7 | | tions carryover to 2023. Add lines 3j | | | |
| 8 | and 4c. Breakdown of lir | ne 7 [.] | | | |
| | Excess from 201 | | | | |
| | Excess from 201 | | | | |
| | Excess from 202 | | | | |
| | Excess from 202 | | | | |
| | Excess from 202 | | | | |
| _ | | | | | |

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A (Form 990) 2022

FRIENDS OF THE ORPHANS

D/B/A NPH-USA

65-1229309 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

| MISCELLANEOUS II | NCOME | | |
|------------------|---------|----|---------------------------|
| 2018 AMOUNT: \$ | 10,000. | | |
| 2019 AMOUNT: \$ | 10,100. | | |
| 2020 AMOUNT: \$ | | | |
| 2021 AMOUNT: \$ | 10.004 | | |
| 2022 AMOUNT: \$ | 100 651 | | |
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| 232028 12-09-22 | | | Schedule A (Form 990) 202 |
| | | 21 | |

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|---------------------------------------|------------------------|----------|------|----|
| | | | | |

| Schedule B (Form 990) | Schedule of Contributors Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. | OMB No. 1545-0047 |
|---|--|--------------------------------|
| Department of the Treasury nternal Revenue Service Name of the organization | | Employer identification nun |
|] | FRIENDS OF THE ORPHANS | |
| Drganization type (chec | D/B/A NPH-USA k one): | 65-1229309 |
| 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 | |
| | | |
| | n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R | ule. See instructions. |
| General Rule | | |
| - | tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalir ny one contributor. Complete Parts I and II. See instructions for determining a contributor | • • • |
| Special Rules | | |
| sections 509(a)(contributor, dur | tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II. | nd that received from any one |
| - | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ing the year, total contributions of more than \$1,000 exclusively for religious, charitable, s | • |
| literary, or education | ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I ((b) instead of the contributor name and address), II, and III. | |
| | tion described in section 501(c)(7) (8) or (10) filing Form 990 or 990.EZ that received from | any one contributor during the |

ation described in section 501(C)(7), (8), or (10) filing Form 990 or 990-E∠ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$_____\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

| | B (Form 990) (2022) | | Page 2 |
|------------|--|----------------------------|--|
| | rganization DS OF THE ORPHANS | Emplo | yer identification number |
| | NPH-USA | 65 | -1229309 |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if a | dditional space is needed. | |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 1 | | \$ <u>3,019,035.</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 |
| 2 | | \$1,646,301. | 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 | | \$992,358. | 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 | | \$ <u>500,000.</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 |
| 5 | | \$444,488. | 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 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2022)

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23 2022.05090 FRIENDS OF THE ORPHANS D/ A4248891

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| | B (Form 990) (2022) | | Page 3 |
|------------------------------|---|---|--------------------------------|
| | rganization DS OF THE ORPHANS | | Employer identification number |
| | NPH-USA | | 65-1229309 |
| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if | additional space is needed | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | Data received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | |
| | | \$ | |
| (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. | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | |
| | | \$ | |

24

| Schedule E | B (Form 990) (2022) | | Page 4 | | | |
|---------------------------|---|--|---|--|--|--|
| | rganization | | Employer identification number | | | |
| | DS OF THE ORPHANS NPH-USA | | 65-1229309 | | | |
| Part III | Exclusively religious, charitable, etc., contribution | | ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year | | | |
| | from any one contributor. Complete columns (a) | through (e) and the following line entri- baritable etc. contributions of \$1,000 or lo | ry. For organizations ess for the year. (Enter this info. once.) | | | |
| <u>.</u> | Use duplicate copies of Part III if additional s | pace is needed. | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| | | | | | | |
| - | | | | | | |
| | | (e) Transfer of gift | t | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | |
| | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| Faiti | | | | | | |
| | | | | | | |
| - | (e) Transfer of gift | | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | |
| | | [| | | | |
| (a) No. | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| | | | | | | |
| - | (e) Transfer of gift | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | |
| | | | | | | |
| (a) Na | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| | | | | | | |
| - | | | | | | |
| | . | (e) Transfer of gift | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | |
| | | | | | | |

Schedule B (Form 990) (2022)

| SCHEDULE D Supplemental Financial Statements | | F | OMB No. 1545-0047 | | |
|--|--|---|--|-------------------------|--|
| (Form 990) | | Complete if the orga Part IV, line 6, 7, 8, 9, 10 | | 2022 | |
| | ent of the Treasury | А | ttach to Form 990. | | Open to Public Inspection |
| | Revenue Service of the organization | | 0 for instructions and the latest informat TANS | | dentification number |
| Hume | or the organization | D/B/A NPH-USA | | | -1229309 |
| Part | | ations Maintaining Donor Advise | | or Accounts. C | omplete if the |
| | organization | n answered "Yes" on Form 990, Part IV, lin | | | |
| | | | (a) Donor advised funds | (b) Funds and | other accounts |
| | | nd of year | | | |
| | | f contributions to (during year) | | | |
| | | f grants from (during year) | | | |
| | | t end of year on inform all donors and donor advisors in v | | d funde | |
| | - | on's property, subject to the organization's | - | _ | Yes No |
| | | on inform all grantees, donors, and donor a | | | |
| | • | oses and not for the benefit of the donor o | • • | • | |
| i | mpermissible priva | ate benefit? | ····· | [| Yes No |
| Part | II Conserva | ation Easements. Complete if the org | ganization answered "Yes" on Form 990, Pa | art IV, line 7. | |
| 1 F | Purpose(s) of cons | servation easements held by the organization | on (check all that apply). | | |
| | Preservation | n of land for public use (for example, recrea | tion or education) | a historically importa | nt land area |
| | | f natural habitat | Preservation of a | a certified historic st | ructure |
| - | | of open space | | . | |
| | Complete lines 2a day of the tax year | through 2d if the organization held a qualif | ied conservation contribution in the form o | | ement on the last the End of the Tax Year |
| | | | | | |
| | | onservation easements | | | |
| | - | vation easements on a certified historic stru | icture included in (a) | | |
| | | vation easements included in (c) acquired a | | | |
| | | | ······································ | 2d | |
| 3 1 | Number of conserv | vation easements modified, transferred, rel | | | he tax |
| 2 | year | | | | |
| 4 1 | Number of states v | where property subject to conservation eas | ement is located | | |
| 5 [| Does the organizat | tion have a written policy regarding the per | iodic monitoring, inspection, handling of | - | |
| | , | orcement of the conservation easements it | | | Yes No |
| 6 8 | Staff and voluntee | r hours devoted to monitoring, inspecting, | handling of violations, and enforcing conse | rvation easements o | luring the year |
| - | A mount of overes | | ling of violations, and enforcing concernation | an accomente duvia | the year |
| 7 | Amount of expens | es incurred in monitoring, inspecting, hand | ling of violations, and emorcing conservation | on easements dunné | j the year |
| - 8 [| Does each conserv | vation easement reported on line 2(d) abov | e satisfy the requirements of section 170(h) |)(4)(B)(i) | |
| | |)(4)(B)(ii)? | | | Yes No |
| | | be how the organization reports conservation | | | |
| k | balance sheet, and | d include, if applicable, the text of the footn | ote to the organization's financial statemer | nts that describes th | e |
| | organization's acc | ounting for conservation easements. | | | |
| Part | | ations Maintaining Collections of | | er Similar Asse | ets. |
| | | f the organization answered "Yes" on Form | | | |
| | • | elected, as permitted under FASB ASC 95 | | | ks |
| | | easures, or other similar assets held for pub | , , | • | |
| | · • | Part XIII the text of the footnote to its finar | | | \f |
| | | elected, as permitted under FASB ASC 95 sures, or other similar assets held for public | | | |
| | - | ing amounts relating to these items: | exhibition, education, or research in furthe | ance of public serv | |
| | | ded on Form 990, Part VIII, line 1 | | \$ | |
| | | ed in Form 990, Part X | | | |
| | | received or held works of art, historical trea | | | |
| t | the following amou | unts required to be reported under FASB A | SC 958 relating to these items: | | |
| a F | Revenue included | on Form 990, Part VIII, line 1 | | \$ | |
| b / | Assets included in | Form 990, Part X | | | |
| | - | eduction Act Notice, see the Instructions | s for Form 990. | Schedu | ıle D (Form 990) 2022 |
| 232051 (| 09-01-22 | | 26 | | |
| | | | 26 | | |

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| | | OF THE ORE | PHANS | | | | | |
|------------|--|---------------------------------|------------------------------|-----------------------|---|--------------|-----------------|---------------|
| | dule D (Form 990) 2022 D/B/A N | | | | | | | Page 2 |
| Par | t III Organizations Maintaining C | ollections of Art | t, Historical Tre | asures, or Ot | her Similar | Assets | (continu | ied) |
| 3 | Using the organization's acquisition, accessi | on, and other records | s, check any of the t | ollowing that mal | ke significant u | se of its | | |
| | collection items (check all that apply): | | | | | | | |
| а | Public exhibition | d | Loan or exc | hange program | | | | |
| b | Scholarly research | e | Other | | | | | |
| С | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | how they further th | e organization's o | exempt purpos | e in Part | XIII. | |
| 5 | 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets | | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | Yes | No |
| Par | t IV Escrow and Custodial Arran | | ete if the organizatio | n answered "Yes | " on Form 990, | , Part IV, I | ine 9, or | |
| | reported an amount on Form 990, Pa | | | | | | | |
| 1 a | Is the organization an agent, trustee, custodi | | | | | | 7.4 | — |
| | on Form 990, Part X? | | | | | ∟ | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing table: | | [| | Amount | |
| | Device in a balance | | | | | | Amount | |
| c | Beginning balance | | | | | | | |
| a | Additions during the year | | | | | | | |
| e | Distributions during the year | | | | | | | |
| f 2a | Ending balance Did the organization include an amount on Fe | | | | | | Yes | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | • | | | |
| Par | | | | | | <u></u> | | |
| | | (a) Current year | (b) Prior year | (c) Two years ba | | ears back | (e) Four | years back |
| 1a | Beginning of year balance | 2,543,511. | 3,116,950. | 2,837,78 | | 78,119. | | 789,126. |
| b | Contributions | | | , , | , | | | , |
| | Net investment earnings, gains, and losses | 88,918. | -573,439. | 279,16 | i9. 3! | 59,662. | -: | 311,007. |
| d | Grants or scholarships | , | , | , | | | | , |
| | Other expenditures for facilities | | | | | | | |
| - | and programs | | | | | | | |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | 2,632,429. | 2,543,511. | 3,116,95 | j0. 2,8 | 37,781. | 2, | 478,119. |
| 2 | Provide the estimated percentage of the curr | · · · · · · | e (line 1g. column (a) |) held as: | 1 | | | |
| а | Board designated or quasi-endowment | , | % | | | | | |
| b | Permanent endowment 100 | % | | | | | | |
| с | Term endowment | % | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | |
| 3a | Are there endowment funds not in the posse | - | tion that are held ar | nd administered for | or the | | | |
| | organization by: | - | | | | | <u>٦</u> | Yes No |
| | (i) Unrelated organizations | | | | | | 3a(i) | X |
| | (ii) Related organizations | | | | | | 3a(ii) | X |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | 3b | X |
| 4 | Describe in Part XIII the intended uses of the | organization's endov | wment funds. | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 | , Part IV, line 11a. S | ee Form 990, Pa | t X, line 10. | | | |
| | Description of property | (a) Cost or o basis (investn | • • | or other ((other) | c) Accumulate depreciation | d | (d) Book | value |
| 4- | Land | | Dasis | | depreciation | | | |
| | Land | | | | | | | |
| | Buildings | | | | | | | |
| | Leasehold improvements | | 05 | 5,380. | 797,68 | | 157 | ,696. |
| | Equipment | | 35 | 5,500. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u>,</u> | 1.71 | ,000. |
| | Other | | V aakuman (D) kas d | | | | 157 | ,696. |
| TOLA | . Add lines 1a through 1e. (Column (d) must e | <u>quai romi 990, Par J</u> | <u>∧, column (B), line T</u> | UC.J | | | | 990) 2022 |
| | | | | | • | | | , |

| cu | ISign Envelope ID: 9A466746-72EC-44AA-A4B0-B02EEFFf | 0EF3 | |
|----|--|------------------------------|---|
| | Schedule D (Form 990) 2022 D/B/A NPH-US | | 65-1229309 _{Pa} |
| | Part VII Investments - Other Securities. | | |
| | Complete if the organization answered "Yes" o | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| | (a) Description of security or category (including name of security) | (b) BOOK value | (C) Method of Valuation. Cost of end-of-year market value |
| | (1) Financial derivatives | | |
| | (2) Closely held equity interests | | |
| | (3) Other | | |
| | (A) | | |
| | (B) | | |
| | (C) | | |
| | (D) | | |
| | (E) | | |
| | (F) | | |
| | (G) | | |
| | (H) | | |
| | Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |
| | Part VIII Investments - Program Related. | | |
| | Complete if the organization answered "Yes" o | on Form 990, Part IV, line 1 | 11c. See Form 990, Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| | | | |

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total (Col (b) must equal Form 990 Part X col (B) line 13) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) OTHER CURRENT ASSETS | 29,596. |
| (2) BENEFICIAL INTEREST IN PERPETUAL TRUST | 2,632,429. |
| (3) BENEFICIAL INTEREST IN LAND TRUST | 150,000. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 2,812,025. |
| Part X Other Liabilities. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. | |
| 1. (a) Description of liability | (b) Book value |
| (1) Federal income taxes | |

| (1) Federal income taxes | |
|--|----------|
| (2) DUE TO FATHER WASSON LEGACY | |
| (3) ENDOWMENT, INC. #91-2005679 | 771,263. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 771,263. |

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

X

Schedule D (Form 990) 2022

232053 09-01-22

| | FRIENDS OF THE ORPHANS | | |
|------|---|----------------------|-------------------|
| Sche | dule D (Form 990) 2022 D/B/A NPH-USA | | 65-1229309 Page 4 |
| Pa | t XI Reconciliation of Revenue per Audited Financial Sta | atements With Revenu | ue per Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, | ine 12a. | |
| 1 | Total revenue, gains, and other support per audited financial statements | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| с | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | |
| 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 | |
| с | Add lines 4a and 4b | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1) | 2) | |
| Pa | t XII Reconciliation of Expenses per Audited Financial S | tatements With Expen | ises per Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, | ine 12a. | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 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 | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | |
| 3 | Subtract line 2e from line 1 | | |
| 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 | | |
| b | Other (Describe in Part XIII.) | 4b | |
| С | Add lines 4a and 4b | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | <u>18.)</u> | |
| 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:

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:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM PAYING

CORPORATE FEDERAL INCOME TAX UNDER SECTION 501 (C)(3) OF THE INTERNAL

29

232054 09-01-22

FRIENDS OF THE ORPHANS

 Schedule D (Form 990) 2022
 D/B/A
 NPH-USA

 Part XIII
 Supplemental Information (continued)

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 POSTIONS AT JUNE 30, 2023 AND JUNE 30, 2022.

Schedule D (Form 990) 2022

232055 09-01-22

| (Form 990) Complete if the organization answered "Yes" on Form 990-EZ I, line 6a. 20222 Department of the Treasure Ward Revelopment States Attach to Form 990 or Form 990-EZ. Go to www.is. gov/Form690 for instructions and the latest information. Employer identification number (5 - 122930 g) Part Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ illers are not required to complete this part. Employer identification number (5 - 122930 g) Part Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ illers are not required to complete this part. Solicitation of government grants g Solicitation of government grants h Internet and email solicitations g Special fundraising services? y Yes No b Internet at email solicitations g Special fundraising services? h or particization raised trudy and the individual (including officers, directors, trustees, or key employee listed in form 990, Part VI) or entity in connection with professional fundraising services? key the 10 highest paid individual contubing with any individual (including officers, directors, trustees, or key employee listed in form 990, Part VI) or entity in connection with professional fundraising services? key employee listed in form 990, Part VI, individual (in Quarter and the individual for (or retained by from activity fundraiser) inded in col. (i) inded in col. (ii) inded in col. (iii) inded in col. (iii) inded in col. (iii) inded in c | SCHEDULE G | Suppleme | ntal Information Regarding | Func | Iraisi | ng or Gaming A | ctiv | ities | OMB No. 1545-0047 | |
|---|---|----------------------|---|-----------------|------------------|-------------------------|--------|-----------------|---------------------|--|
| Inspection Inspection Inspection Name of the organization FRIENDS OF THE ORPHANS Employer identification number 6.5-12.22.30.9 Part Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Image: Check all that apply. a Mail solicitations e Solicitation of government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising services? Yes No b Internet and email solicitations g Special fundraising services? Yes No b Phone solicitations g Special fundraising services? Yes No b Internet and email solicitations g Special fundraising services? Yes No b Yes, 'list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser if yes or a fundraiser is to be compensate at least \$5,000 by the organization. Yes No Yes Yes | (Form 990) | | or if the | 2022 | | | | | | |
| Intervet instructions and the latest information. Import identification number Name of the organization Import identification number Name of the organization FIRE ORPHANS Employer identification number D/B/A NPH-USA Employer identification number Import identification | Department of the Treasury | | Attach to Form 990 o | or Forr | n 990 | -EZ. | | | | |
| D/B/A NPH-USA 65-1229309 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e b Internet and email solicitations f c Phone solicitations g seq employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b Investors address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Activity (iii) Point address of individual or entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iv) Gross receipts from activity fundraiser (iv) formation by organization fundraiser (iv) form activity with or entities of the organization or entity (fundraiser) (iv) Amount paid to (or retained by) organization fundraiser (iv) address of individual or entities (fundraiser) (iv) Gross receipts from activity or retained by) organization (iv) Amount paid to organize the individual or entities (fundraiser) (iv) Amount paid to (or retained by) organization (iv) Amount paid to (or retained by) organization (iv) Amount paid to (iv) Amount p | do to www.irs.gov/r ormsso for instructions and the latest mormation. | | | | | | | | Inspection | |
| Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e b Internet and email solicitations f c Phone solicitations g 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in form 990, Part IV) or entity in connection with professional fundraising services? Ves No 2 a Did the organization address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$\$,000 by the organization. (i) Orross receipts from activity individual for ortent professional fundraising services? Ves No (i) Name and address of individual ore rules (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$\$,000 by the organization. (ii) Activity (iii) Professional fundraising services? (v) Amount paid for orretained by forganization (i) Name and address of individual ore rule (fundraiser) (iii) Activity (iv) Gross receipts from activity in organization (v) Amount paid for oretained by organization (ii) Name and address of individual complexity (fundraiser) Imount paid for oretained by organization <td>Name of the organization</td> <td>Employer id</td> <td>dentification number</td> | Name of the organization | Employer id | dentification number | | | | | | | |
| required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a disolicitations e Solicitation of non-government grants b internet and email solicitations f Solicitation of government grants c hone solicitations g Special fundraising events d in-person solicitations g Special fundraising services? rest No 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? rest No b f'Yee, 'IN is the 10 highest paid individual sor entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual or entities (fundraiser) (iii) Activity (iv) Gross receipts from activity fundraiser or entity (fundraiser) (v) Amount paid for entities of the compensation or entity (fundraiser) (v) Amount paid for entities of the compensation (iii) Activity Yes No Image: Ima | D/B/A NPH-USA 65-1229309 | | | | | | | | | |
| | | | | | | | | | | |
| b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d Inperson solicitations g Special fundraising events d Inperson solicitation have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b if "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Drit Hordinger for maching the fundraiser is to be for retained by for retained by for retained by for retained by organization (i) Name and address of individual or entities (fundraisers) (ii) Activity (iii) Activity (iv) Gross receipts from activity fundraiser for retained by organization (i) Name and address of individual or entities (fundraiser for address of individual or entities (fundraiser for address of individual for a ddd for | | | | | | | | | | |
| c Phone solicitations g Special fundraising events d In person solicitations g Special fundraising events 2 = Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Date the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Date the fundraiser is to be compensated at least \$5,000 by the organization. (iv) Amount paid for retained by fundraiser is to be compensated at least \$5,000 by the organization. (iv) Amount paid for retained by fundraiser is to be compensated at least \$5,000 by the organization. (vi) Amount paid for orretained by form activity fundraiser is to be compensated at least \$5,000 by the organization. (vi) Amount paid for orretained by form activity fundraiser is to be compensated at least \$5,000 by the organization. (vi) Amount paid for orretained by form activity f | a 📃 Mail solicitat | tions | e 🔛 Solicita | tion of | non-g | overnment grants | | | | |
| c Phone solicitations g Special fundraising events d In person solicitations g Special fundraising events 2 = Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Date the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Date the fundraiser is to be compensated at least \$5,000 by the organization. (iv) Amount paid for retained by fundraiser is to be compensated at least \$5,000 by the organization. (iv) Amount paid for retained by fundraiser is to be compensated at least \$5,000 by the organization. (vi) Amount paid for orretained by form activity fundraiser is to be compensated at least \$5,000 by the organization. (vi) Amount paid for orretained by form activity fundraiser is to be compensated at least \$5,000 by the organization. (vi) Amount paid for orretained by form activity f | b Internet and | email solicitations | f 📃 Solicita | tion of | gover | nment grants | | | | |
| 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b if "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Providence of the fundraiser of the fundraiser of the fundraiser or entity (fundraiser) (v) Amount paid to (or retained by) organization (i) Name and address of individual or entity (fundraiser) (ii) Activity The construction of the fundraiser of the fundraiser or form activity (v) Amount paid to (or retained by) organization Yes No | c 🗌 Phone solici | tations | g 🔛 Special | fundra | aising | events | | | | |
| key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Did the control of the contr | d 📃 In-person so | licitations | | | | | | | | |
| b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual or entity (fundraiser) (iii) Activity (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser is to be for entitied by fundraiser is to be compensated at least \$5,000 by the organization (iii) Activity Yes No (v) Amount paid to (or retained by) fundraiser is to be for entitied by fundraiser is to be for entitied by fundraiser is to be compensated at least \$5,000 by the organization Yes No Image: Imag | 2 a Did the organization | on have a written c | or oral agreement with any individual | (incluc | ling of | ficers, directors, trus | tees, | or | | |
| compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser isted in col. (i) (v) Amount paid to (or retained by) organization Yes No Image: Solid contributions < | key employees list | ed in Form 990, P | art VII) or entity in connection with p | rofessi | onal fi | undraising services? | | Y | es 🗌 No | |
| (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Bod fundation or entity (fundraiser) (v) Amount paid to (or retained by) fundraiser (isted in col. (i)) Yes No Yes No Image: Second Seco | b If "Yes," list the 10 |) highest paid indiv | viduals or entities (fundraisers) pursu | ant to | agreer | ments under which th | ne fur | ndraiser is to | be | |
| (i) Name and address of individual or entity (fundraiser) are existing or entity (fundraiser) (ii) Activity Image association of the existing or ontituition of the original and the or | compensated at le | east \$5,000 by the | organization. | | | | | | | |
| Yes No Isted in col. (i) Organization Yes No Image: Solution of the second seco | ., | | (ii) Activity | fundr have c | raiser ustody | | tò (c | or retained by | to (or retained by) | |
| | | | | contrib | utions? | | list | ted in col. (i) | organization | |
| | | | | Yes | No | | | | | |
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or licensing. AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, MO

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

Schedule G (Form 990) 2022

232081 10-27-22

FRIENDS OF THE ORPHANS D/B/A NPH-USA 65-1229309 Page 2 Schedule G (Form 990) 2022 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through GOLF OUTING GALA 55 col. (c)) (event type) (event type) (total number) Revenue 1,501,070. 409,989. 935,238. 2,846,297. Gross receipts 1 970,519 2,151,441. 2 Less: Contributions 364,814. 816,108. 530,551. 694,856. Gross income (line 1 minus line 2) 45,175. 119,130. 3 4 Cash prizes Noncash prizes 5 Direct Expense: Rent/facility costs 6 7 Food and beverages Entertainment 8 298,840. 195,418. 96,951 591,209 9 Other direct expenses 591,209 **10** Direct expense summary. Add lines 4 through 9 in column (d) 103,647. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 4 Other direct expenses 5 Yes % Yes % Yes % 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No **b** If "Yes," explain: Schedule G (Form 990) 2022 232082 10-27-22

| | FRIENDS OF THE ORPHANS | | | |
|---|---|--------------------------|-------------------|-----------|
| Schedule G (Form 990) 2022 | | | 229309 | Page 3 |
| | ning activities with nonmembers? | | Yes | No No |
| | ciary or trustee of a trust, or a member of a partn | | | <u> </u> |
| | | | Yes | No No |
| 13 Indicate the percentage of gaming | | | 40- | 07 |
| | | | 13a 13b | % |
| | person who prepares the organization's gaming/s | | 130 | % |
| Name | | | | |
| Address | | | | |
| 15a Does the organization have a contr | act with a third party from whom the organization | receives gaming revenue? | Yes | No No |
| | third party \$ | and the amount | | |
| Name | | | | |
| Address | | | | |
| 16 Gaming manager information: | | | | |
| Name | | | | |
| Gaming manager compensation | \$ | | | |
| Description of services provided | | | | |
| | | | | |
| Director/officer | Employee Independent cor | ntractor | | |
| retain the state gaming license? | tate law to make charitable distributions from the equired under state law to be distributed to other of s during the tax year \$ | | Yes | No No |
| Part IV Supplemental Inform | nation. Provide the explanations required by Pa | | t III, lines 9, 9 | 9b, 10b, |
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| 232083 10-27-22 | | Sched | ule G (Form | 990) 2022 |
| | 33 | | | |

FRIENDS OF THE ORPHANS D/B/A NPH-USA

| Schedule G | G (Form 990) D/B/A NPH-USA | 65-1229309 Page 4 |
|------------|---|----------------------|
| Part IV | (Form 990) D/B/A NPH-USA Supplemental Information (continued) | |
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| | | Schedule G (Form 990 |
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232084 04-01-22

| SCHEDULE I (Form 990) Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Department of the Treasury Internal Revenue Service Attach to Form 990. Name of the organization FRIENDS OF THE ORPHANS Employer | | | | | | | |
|---|------------|------------------------------------|--------------------------|--|---|---------------------------------------|--|
| D/B/A NPH Part I General Information on Grants a | | | | | | | 65-1229309 |
| Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro- | stance? | oring the use of grant | funds in the United | l States. | | · · · · · · · · · · · · · · · · · · · | X Yes No |
| Part II Grants and Other Assistance to recipient that received more than s | - | | | | anization answered "Y | 'es" on Form 990, Part | IV, line 21, for any |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| NUESTROS PEQUENOS HERMANOS 8507 ASHGROVE PLANTATION CIRCLE VIENNA, VA 22182 | 20-5905144 | 501(C)(3) | 11,519,177. | 0. | | | SUPPORT ORPHANED AND DISADVANTAGED CHILDREN |
| FATHER WASSON LEGACY ENDOWMENT INC. – 20 NORTH WACKER DRIVE, SUITE 4000 – CHICAGO, IL 60606 | 91-2005679 | 501(C)(3) | 721,368. | 0. | | | SUPPORT ORPHANED AND DISADVANTAGED CHILDREN |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) a | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

FRIENDS OF THE ORPHANS

Schedule I (Form 990) 2022 D/B/A NPH-USA

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance | | |
|---|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|--|--|
| | | | | | | | |
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| | | | | | | | |
| Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | | | | | | | |
| PART T. LINE 2: | | | | | | | |

FRIENDS SUPPORTS THE ANNUAL OPERATING BUDGETS AND SPECIAL PROJECTS OF THE

NINE HOMES WHICH OPERATE UNDER THE UMBRELLA OF NUESTROS PEQUENOS HERMANOS

INTERNATIONAL (NPHI) AND ORGANIZED UNDER SECTION 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

SITS ON THE NPH FINANCE COMMITTEE AND REVIEWS THE PROPOSED BUDGETS AND

MONTHLY RESULTS OF EACH HOME. THESE REVIEWS INCLUDE, IF REQUESTED, A

DETAILED DESCRIPTION OF USES OF GRANT MONEY. NPH USA PROVIDES IN-KIND GOODS

65-1229309 Page 2

FRIENDS OF THE ORPHANS

 Schedule I (Form 990)
 D/B/A
 NPH-USA

 Part IV
 Supplemental Information

TO OTHER CHARITIES SUPPORTING VULNERABLE CHILDREN IN INSTANCES WHERE NPH

USA IS OFFERED IN-KIND GOODS THAT CAN'T BE USED BY NPH PROGRAMS.

Schedule I (Form 990)

| SC | HEDULE J | ļ | OMB No. 1 | 545-004 | 47 | | |
|--------|---|--|-------------|------------|----------------|--------|--|
| (Fo | rm 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | | 20 | 22 |) | |
| | | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | 20 | _ _ | - | |
| Depa | rtment of the Treasury | Attach to Form 990. | | Open to | | | |
| Intern | al Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | Inspection | | | | |
| Nam | ne of the organization | | Employer id | | | mber | |
| | | D/B/A NPH-USA | 65-12 | 22930 | 9 | | |
| Ра | rt I Question | s Regarding Compensation | | | | | |
| | | | | | Yes | No | |
| 1a | | iate box(es) if the organization provided any of the following to or for a person listed on Form 99 | 90, | | | | |
| | | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | |
| | First-class or c | , i i i i i i i i i i i i i i i i i i i | | | | | |
| | Travel for com | | | | | | |
| | | cation and gross-up payments Health or social club dues or initiation fees | | | | | |
| | | spending account Personal services (such as maid, chauffeur, | , chet) | | | | |
| h | If any of the bayes | on line 1a are checked, did the organization follow a written policy recording neumant or | | | | | |
| D | • | on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain | | 1b | | | |
| 2 | | n require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | | |
| 2 | | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | | |
| | indsiees, and onice | | | | | | |
| 3 | Indicate which if a | ny, of the following the organization used to establish the compensation of the organization's | | | | | |
| Ŭ | | ector. Check all that apply. Do not check any boxes for methods used by a related organization | n to | | | | |
| | | ation of the CEO/Executive Director, but explain in Part III. | 1.0 | | | | |
| | X Compensation | | | | | | |
| | | compensation consultant X Compensation survey or study | | | | | |
| | · | ther organizations I I Approval by the board or compensation college | mmittee | | | | |
| | | | minitoo | | | | |
| 4 | During the year, did | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | | |
| | organization or a re | | | | | | |
| а | - | e payment or change-of-control payment? | | 4a | | X | |
| | | ceive payment from a supplemental nonqualified retirement plan? | | | | X | |
| | | ceive payment from an equity-based compensation arrangement? | | 4- | | X | |
| | | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | |
| | | | | | | | |
| | Only section 501(c | :)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | |
| 5 | For persons listed of | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | I | | | | |
| | contingent on the r | evenues of: | | | | | |
| а | The organization? | | | . 5a | | X | |
| b | Any related organiz | ation? | | . 5b | | X | |
| | | or 5b, describe in Part III. | | | | | |
| 6 | For persons listed of | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | í. | | | | |
| | contingent on the r | net earnings of: | | | | | |
| | | | | | | X | |
| b | Any related organiz | ation? | | . 6b | | X | |
| | | or 6b, describe in Part III. | | | | | |
| 7 | | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | | |
| | | nes 5 and 6? If "Yes," describe in Part III | | . 7 | | X | |
| 8 | | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | • | | | x | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | | | | | |
| 9 | | id the organization also follow the rebuttable presumption procedure described in | | | | | |
| | Regulations section | | | . 9 | | | |
| LHA | For Paperwork R | eduction Act Notice, see the Instructions for Form 990. | Schedu | le J (Forn | n 990) |) 2022 | |

232111 10-18-22

FRIENDS OF THE ORPHANS

Schedule J (Form 990) 2022 D/B/A NPH-USA

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

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

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

| | | (B) Breakdown of W | -2 and/or 1099-MISC compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) |
|-----------------------|-------------|--------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) JOHN DEINHART | (i) | 214,500. | 18,563. | 0. | 5,000. | 7,824. | 245,887. | 0. |
| PRESIDENT & CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) CHRISTIAN DELGADO | (i) | 209,100. | 10,000. | 0. | 5,000. | 7,658. | 231,758. | 0. |
| CFO & COO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (i) (ii) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (i) (ii) | | | | | | | |

Schedule J (Form 990) 2022

Page 2

65-1229309

FRIENDS OF THE ORPHANS

D/B/A NPH-USA

Schedule J (Form 990) 2022

65-1229309 Page 3

Part III Supplemental Information

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

Schedule J (Form 990) 2022

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service FRIENDS OF THE ORPHANS Employer identification number Name of the organization 65-1229309 D/B/A NPH-USA

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

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. THE AUDIT COMMITEE RESPONDS TO THE BOARD OF

DIRECTORS' QUESTIONS AND RESOLVE ALL ISSUES PRIOR TO FILING.

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

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. IF ANY ARE DISCLOSED, THE MEMBER IS EXCUSED SO THAT THE BOARD CAN DISCUSS 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.

| Schedule O (Form 990) 20 | chedule O (Form 990) 2022 | | | | |
|--------------------------|---|---|--|--|--|
| Name of the organization | FRIENDS OF THE ORPHANS D/B/A NPH-USA | Employer identification number 65-1229309 | | | |

2. THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION.

3. A COMPARATIVE BID OR COMPARABLE VALUATION EXISTS; AND

4. THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF HAS DETERMINED THAT

THE TRANSACTION IS IN THE 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:

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

42

DIRECTORS DOCUMENTS COMPENSATION APPROVAL IN WRITING. OTHER OFFICER

SALARIES ARE DETERMINED BY THE CEO.

232212 10-28-22

Schedule O (Form 990) 2022

| Schedule O (Form 990) 2022 | Page 2 | | | | |
|--|---|--|--|--|--|
| Name of the organization FRIENDS OF THE ORPHANS D/B/A NPH-USA | Employer identification number 65-1229309 | | | | |

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:

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

88,919.

FORM 990, PART XII, LINE 2C

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. AT THE TIME OF FILING THE 990, THE ORGANIZATION IS ENGAGED IN AN

INDEPENDENT AUDIT AND WILL HAVE THE AUDITED FINANCIAL STATEMENTS

AVAILABLE UPON COMPLETION.

232212 10-28-22

| Department of the Treasury | | Related Organization lete if the organization answered " Atta | | OMB No. 154 | 22 Public | | | |
|--|---|---|--|--|---|---------------------------------------|---|---|
| Internal Revenue Service Name of the organiz | zation FRIENDS OF TH D/B/A NPH-USA | Go to www.irs.gov/Form990 t E ORPHANS | | Inspection Employer identification number 65-1229309 | | | | |
| Part I Identific | ation of Disregarded Entities. Complete | ete if the organization answered "Ye | s" on Form 990, Part IV, line 33 | 3. | | ł | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | | (b) Primary activity | (c) Legal domicile (state c foreign country) | or (d) Total inco | me End-of-year | assets [| (f) Direct controllin entity | g |
| | | | | | | | | |
| | | | | | | | | |
| | ation of Related Tax-Exempt Organiz | ations. Complete if the organization | n answered "Yes" on Form 990 |), Part IV, line 34, b | because it had one of | or more related ta | ax-exempt | |
| (a) Name, address, and EIN of related organization | | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct contro entity | Illing cont en | g) 512(b)(13) trolled tity? |
| FATHER WASSON LEGACY ENDOWMENT, INC 91-2005679, 20 NORTH WACKER DRIVE, SUITE 4000, CHICAGO, IL 60606 | | SUPPORTING ORGANIZATION | DELAWARE | 501(C)(3) | | NPH-USA | Yes | No X |
| | | | | | | | | |
| | | - | | | | | | |
| | duction Act Notice, see the Instructio | ns for Form 990 | | | | Sobor | lule R (Form 9 | 00) 2022 |

FRIENDS OF THE ORPHANS

D/B/A NPH-USA Schedule R (Form 990) 2022

(a)

Name, address, and EIN of related organization

Part III

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. (d) (f) (i) (j) (k) (b) (c) (e) (g) (h) Predominant income (related, unrelated, excluded from tax under sections 512-514) Code V-UBI amount in box Legal Share of end-of-year assets Direct controlling Primary activity Share of total General or Percentage Disproportionate domicile managing ownership entity income (state or allocations? partner? 20 of Schedule foreign K-1 (Form 1065) Yes No Yes No country)

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (C) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | contr enti | i) etion p)(13) rolled ity? No |
|--|--------------------------------|---|-------------------------------------|--|--|---|---------------------------------------|---------------|--|
| FRIENDS OF THE ORPHANS IRREVOCABLE TRUST | | | | | | | | | 1 |
| 134 N LASALLE STREET, #500 | | | | | | | | | 1 |
| CHICAGO, IL 60602 | INVESTMENT | AZ | NPH-USA | TRUST | 66,974. | 1,905,198. | 100% | 100% | |
| | - | | | | | | | | |
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Page 2

FRIENDS OF THE ORPHANS

Schedule R (Form 990) 2022 D/B/A NPH-USA

| Part | V Transactions With Related Organizations. Complete if the organization answ | wered "Yes" on Form | n 990, Part IV, line 34, 35b, or | 36. | | | |
|------|---|---------------------|----------------------------------|--|-----|----|--|
| Note | Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | Yes | No | |
| 1 | During the tax year, did the organization engage in any of the following transactions | with one or more re | lated organizations listed in Pa | arts II-IV? | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | , | - | 1a | | Х | |
| | Gift, grant, or capital contribution to related organization(s) | | | | X | | |
| | Gift, grant, or capital contribution from related organization(s) | | | | X | | |
| | Loans or loan guarantees to or for related organization(s) | | | | | Х | |
| | Loans or loan guarantees by related organization(s) | | | | | Х | |
| | | | | | | | |
| f | Dividends from related organization(s) | | | 1f | | Х | |
| | Sale of assets to related organization(s) | | | | | X | |
| | h Purchase of assets from related organization(s) | | | | | | |
| | i Exchange of assets with related organization(s) | | | | | | |
| | j Lease of facilities, equipment, or other assets to related organization(s) | | | | | | |
| | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | 1k | | Х | |
| | Performance of services or membership or fundraising solicitations for related organ | | | 11 | X | | |
| m | Performance of services or membership or fundraising solicitations by related organ | nization(s) | | | | Х | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization | | | | | X | |
| | | | | 10 | | X | |
| | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | 1p | | X | |
| | Reimbursement paid by related organization(s) for expenses | | | | | X | |
| | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | 1r | | x | |
| | s Other transfer of cash or property from related organization(s) | | | | | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on wh | no must complete th | is line, including covered relat | ionships and transaction thresholds. | | | |
| | (a) Name of related organization | (b) Transaction | (c) Amount involved | (d) Method of determining amount involved | | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|---|------------------------|--|
| (1) | | | |
| <u>(2)</u> | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

65-1229309

Page 3

| FRIENDS | OF | \mathbf{THE} | ORPHANS |
|---------|----|----------------|---------|
|---------|----|----------------|---------|

Schedule R (Form 990) 2022 D/B/A NPH-USA

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) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e Are partne 501(i org Yes | | (f) Share of total income | (g) Share of end-of-year assets | | n) opor- nate tions? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) Genera manag partne Yes N | or Percentage ownership |
|--|--------------------------------|-----|---|---|-----|---|---|-----|-------------------------------|---|---|-------------------------------|
| | | | , | 103 | 110 | | | 103 | 110 | | | |
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Schedule R (Form 990) 2022

FRIENDS OF THE ORPHANS

| Schedule R | R (Form 990) 2022 | D/B/A | NPH-USA | 65-1229309 Pa | age 5 |
|---------------|-------------------|---------|--|-----------------------|--------------|
| Part VII | (Form 990) 2022 | rmation | | | <u>.</u> |
| | | | ponses to questions on Schedule R. See instructions. | | |
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48 2022.05090 FRIENDS OF THE ORPHANS D/ A4248891

2022 DEPRECIATION AND AMORTIZATION REPORT

| FORM 99 | 0 PAGE 10 | | | | | | 990 | 90 | | | | | | | |
|--------------|-------------|------------------|--------|------|---------|-------------|-----------------------------|------------------|------------------------|----------------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| Asset No. | Description | Date Acquired | Method | Life | C o n 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 |
| | | | | | | | | | | | | | | | |
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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone