Form	35	<i>J</i> U		Neturn							2022	
			Under s			of the Internal Revenu				tions)		
Depar	ment of t	he Treasury			-	numbers on this form a	-	-			Open to Public	
-		le Service			-	90 for instructions and					Inspection	
_				tax year begini			1,2022,a	and endi	ng		-30,2023	
		pplicable:	C Name of or	-	phan Helpers	s, Inc.				D Employ	er identification number	
	ddress c	-	Doing busi								54-1995429	
	lame cha	-		•	k if mail is not delivered	to street address)		Room/suit		E Telepho		
F	nitial retu			J Clyde Mo		inn nacht an de			STE D	0 0	(757) 722-6940	
F		n/terminated	-		country, and ZIP or fore	ign postal code				G Gross	•	
—	mended	return n pending		ort News, address of principal					H(a) Is this a	\$	1,137,583 subordinates? Yes X No	
Ц,	phicatio	n penuing	F Name and	address of principal	oncer.				H(b) Are all			
	av evem	pt status: X	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or 5	27				See instructions	
	Vebsite:			Helpers.or	, , , ,		21		H(c) Group			
			Corporation		ociation Other	1	. Year of formati	ion: 200		State of legal		
Pa		Summar				- 1		200	-	State of legal		
	1		•	nization's missi	on or most significa	ant activities: To s	erve and	lminis	ster to	the pl	vsical.	
		•	•		-	needs of orpha						
nce						ls, churches, b						
Activities & Governance						, , ,						
OVe	2	Check this b	ox 🗌 if the	e organization d	iscontinued its ope	rations or disposed of m	nore than 25°	% of its n	et assets.			
ğ	3	Number of v	oting memb	ers of the gover	ning body (Part VI	line 1a)				3	8	
s S	4	Number of ir	ndependent [,]	voting members	s of the governing I	oody (Part VI, line 1b)				4	8	
/itie	5	Total numbe	r of individua	als employed in	calendar year 202	2 (Part V, line 2a) .				5	4	
ctiv	6	Total numbe	r of voluntee	ers (estimate if n	ecessary)					6	10	
∢	7a	Total unrelate	ed business	revenue from F	Part VIII, column (C	c), line 12 • • • • •				7a	0	
	b	Net unrelate	d business t	axable income	from Form 990-T, F	Part I, line 11 • • • •		<u></u>		7b	0	
									Prior Year		Current Year	
	8	Contribution	s and grants	s (Part VIII, line	1h)				1,901	,153	1,137,583	
Revenue	9	Program ser	vice revenue	e (Part VIII, line	2g)						0	
Ieve	10					d)					0	
Re	11	Other revenue	ue (Part VIII,	, column (A), lin	es 5, 6d, 8c, 9c, 10)c, and 11e) ••••					0	
	12			• •		I, column (A), line 12)		_	1,901	,153	1,137,583	
	13 Grants and similar amounts paid (Part								131	,530	232,656	
	14									0		
s									520,551		527,403	
nse			-		olumn (A), line 11e						0	
Expense			•		umn (D), line 25)		51,541	-				
Ш	17			. ,	es 11a-11d, 11f-24	,				6,654	360,845	
	18	•			equal Part IX, colu	().				3,735	1,120,904	
	19	Revenue les	s expenses.	. Subtract line	18 from line 12			<u> </u>		2,418	16,679	
Net Assets or Fund Balances	20	Total acceta	(Dart V. line	16)				Begir	ning of Curr		End of Year	
Sset	20	Total assets Total liabilitie		,		· · · · · · · · · · · · · ·			1,385		1,399,153	
let A	21 22									5,299	42,839	
Pa			re Block		ne 21 from line 20				1,339	9,635	1,356,314	
					n, including accompany	ing schedules and statements,	and to the best	of my knowl	edge and beli	ef, it is		
true,	correct, a	and complete. De	claration of prep	parer (other than offi	cer) is based on all infor	mation of which preparer has a	any knowledge.	-	-			
		Greg	Harris									
Sig	n †	Signature of office								Date		
Her	e	Grea	Harris	, Executive	Director							
-	- -	Type or print nar		, LACCUCIV	Director							
		Print/Type pre	eparer's name		Preparer's signature		Date		Check	☐ if F	PTIN	
Pai	b	DAVID D	ENNISON		DAVID DENNIS	SON	12-21-20	23	self-em	_	P01691549	
	parer			DENNISON			<u> </u>		irm's EIN	· · I		
	Only		s		STREET SE #	106			hone no.			
					oud MN 56304					320-2	51-3388	
May	the IRS	discuss this	return with t		own above? See in							
_					arate instruction						Form 990 (2022)	
EEA												

Return of Organization Exempt From Income Tax

Form **990**

OMB No. 1545-0047

Form		age 2
Pa	III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	to serve and minister to the physical, spiritual, emotional, and educational needs of orphaned	ι,
	ubused and incarcerated children by effectively partnering with individuals, churches,	
	pusinesses, organizations and governments.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	vrior Form 990 or 990-EZ?	
	f "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	f "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	he total expenses, and revenue, if any, for each program service reported.	
4a	Code:) (Expenses \$ 1,029,911 including grants of \$) (Revenue \$)
	Orphan Helpers' salaries and headquarters infrastructure are needed to manage and support	
	ninistry programs in Central America. El Salvador Youth Programs-Orphan Helpers serves in four	:
	letention centers and one protective center for youth who have been incarcerated. Our Success	
	Academies inside these centers provide youth with life skills, leadership training, Bible	
	studies, and vocational workshops. Academy graduates are mentored by a Success Coach. The Succ	
	Coach identifies community resources and connects youth to job opportunities, churches, housin options, and other resources critical to their successful transition into society. Honduras Yo	
	Programs - Orphan Helpers serves in four detention centers in Honduras. Our Success Academies	<u>u 011</u>
	nside these centers provide incarcerated youth with life skills, leadership training, Bible	
	studies, and vocational workshops.	
	Code:) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
4b	Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Dther program services (Describe on Schedule O.)	
40	Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,029,911 1,029,911	
4e EEA	Total program service expenses 1,029,911 Form 990 (2)	2022)
	· -···· • • • • • •	

-	n 990 (2022) Orphan Helpers, Inc.	54-19954	29	F	Page 3
Pa	Int 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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		2	x	
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		х
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? If "Yes," complete Schedule D, Part II		7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		<u> </u>		
Ũ	complete Schedule D, Part III		8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a				
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or				
	debt negotiation services? If "Yes," complete Schedule D, Part IV		9		
40			3		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in guasi endowments? <i>If "Yes." complete Schedule D. Part V</i>		40		
			10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable.				
а					
_	complete Schedule D, Part VI		11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		11b		X
С					
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		11c		x
d	I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		11e	x	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI and XII		12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If				
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐽		12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a	х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,				
	fundraising, business, investment, and program service activities outside the United States, or aggregate				
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		14b		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	
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		-		<u> </u>
-	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		<u> </u>		<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		- 13		^
19	If "Yes," complete Schedule G, Part III		19		v
20 -					X
20а ь			20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grapts or other assistance to any demostic organization or		20b		├──
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21		X

	1990 (2022) Orphan Helpers, Inc. 54 rt IV Checklist of Required Schedules (continued)	4-19954	29	Р	age 4
ιa				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		103	110
	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	• • • •	26		_ X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled 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,		21		x
20	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				
a	"Yes," complete Schedule L, Part IV		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		x
c	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? <i>If "Yes," complete Schedule M</i>		29		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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II		32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1 • • • • • • • • • • • • • • • • • •		34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		х
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				
20	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		20		
Dor	19? Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	<u></u>	38	x	
Par	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 1a	2		103	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	U			
Ŭ	reportable gaming (gambling) winnings to prize winners?		1c	x	
				- 000 /	`

	990 (2022) Orphan Helpers, Inc. 54-19954	29	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	x	
b	If "Yes," enter the name of the foreign country ES HO			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/		
Ū	sponsoring organization have excess business holdings at any time during the year?	8		v
9	Sponsoring organizations maintaining donor advised funds.	0		x
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		v
a h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
b 10		90		X
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
4.0	against amounts due or received from them.)	4-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

-	m 990 (2022) Orphan Helpers, Inc. 54-19954		P	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			_
_	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 7-	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.		
h	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	76		
•		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
-		8a	v	
a b	Each committee with authority to act on behalf of the governing body?	8b	x x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.0	•	
Ũ	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		А
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
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 on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Virginia			
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) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Image: 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 financial 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.	• -		
	Organization (757)722-6940, 727 J. Clyde Morris Blvd., Suite D, Newport News, VA 236	01		

Form 990 (2022) Orphan Helpers, Inc.	54-1995429 Page 7							
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.	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete th	a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the								
organization's ta	ax 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 instructions for the order in which to list the persons above.

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

			ipon		(C)	ly our				
(A)	(B)			Pos	sition			(D)	(E)	(F)
Name and title	Average hours per week	officer and a director/trustee)						Reportable compensation from the organization (W-2/	Reportable compensation from related organizations (W-2/	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Greg Harris	<u>40.00</u>									
Executive Director					х			102,248	0	0
(2) Phil_Catron	1.00									
Director		х						0	0	0
(3) Peter Manthei	<u>1.00</u>									
Director		х						0	0	0
(4) Alejandro Paredes	<u>1.00</u>									
Director		х						0	0	0
(5) Justin Kruse	1.00									
Director		х						0	0	0
(6) Michael Torrech	1.00									
Vice Chair		х		x				0	0	0
(7) Dave Dunlevy	1.00									
Chairman		х		х				0	0	0
(8) David Phillips	1.00									
Treasurer		х		х				0	0	0
(9) Joe Renaud	1.00									
Secretary		х		х				0	0	0
<u>(10)</u>										
(12)										
<u>(13)</u>										
<u>(14)</u>										
										E

	90 (2022) Orphan Helpers,	Inc.		_						54-199	
Part	VII Section A. Officers, Directors,	Trustees,	Keyt	-mp			s, an	dF	lighest Comp	ensated Emp	loyees (continued)
	(A) Name and title	(B) Average hours per week	box	, unles	Pos eck m s per	son is	nan one s both ai /trustee)		(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
<u>(15)</u>											
(16)											
<u>(17)</u>											
<u>(18)</u>											
<u>(19)</u>											
<u>(20)</u>											
<u>(21)</u>											
<u>(22)</u>											
<u>(23)</u>											
<u>(24)</u>											
<u>(25)</u>											
1b c	Subtotal Subtotal Total from continuation sheets to Part VII, Set		· · · · · ·	· · · · · ·		 	· · · · · ·	•			
d 2	Total (add lines 1b and 1c) Total number of individuals (including but not lim								102,248 e than \$100,000 of	0	0
	reportable compensation from the organization			,							1
3	Did the organization list any former officer, dire			-		-					Yes No
4	employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the sum o	f reportable cor	npensa	ation	and	othe	er com	pen			3 X
-	organization and related organizations greater the individual				•••						4 X
5 Sooti	Did any person listed on line 1a receive or accru for services rendered to the organization? <i>If "Ye</i>	•		•			-			<u></u>	5 X
1	on B. Independent Contractors Complete this table for your five highest comper	nsated indepen	dent co	ontrad	ctors	s tha	t rece	ived	more than \$100,00)0 of	
	compensation from the organization. Report cor								or within the organ		
	(A) Name and business add	ress							(B) Description of servic	es	(C) Compensation
2	Total number of independent contractors (includ received more than \$100,000 of compensation	-		hose	liste	ed al	oove)	 who			

	90 (2022) Orphan Helpers, Inc.			54-19954	29 Page 9
Part	VIII Statement of Revenue				
	Check if Schedule O contains a response or note to any line in the transformer of the second se	nis Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g	1,137,583			
Program Service Revenue	2a Business Code b				
	 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties Royalties (i) Real (ii) Personal 6a b Less: rental expenses 6b 6c d Net rental income or (loss) 				
evenue	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other b Less: cost or other basis and sales expenses 7b 7b c Gain or (loss) 7c	-			
Other Revenu	d Net gain or (loss)				
	9a Gross income from gaming activities, See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities	_			
	10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory				
Miscellanous Revenue	11a Business Code b				
2	e Total. Add lines 11a-11d		0	0	0

22) Orphan Helpers, Inc. Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
	Grants and other assistance to domestic organizations			3					
	and domestic governments. See Part IV, line 21								
	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
	Grants and other assistance to foreign								
	organizations, foreign governments, and								
	foreign individuals. See Part IV, lines 15 and 16	232,656	232,656						
	Benefits paid to or for members	232,030	232,030						
	Compensation of current officers, directors,								
	trustees, and key employees	52,708	52,708						
	Compensation not included above to disqualified	52,700	32,700						
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
	Other salaries and wages	474,695	403,357	21,797	49,541				
	Pension plan accruals and contributions (include	-14,095	=03,337	21,131	49,041				
	section 401(k) and 403(b) employer contributions)								
	Other employee benefits								
	Fees for services (nonemployees):								
	Management	2 000			2 000				
		2,000			2,000				
	Accounting	70.004	70.004						
		70,264	70,264						
	, ,								
	Professional fundraising services. See Part IV, line 17								
	Investment management fees								
-	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.)								
	Advertising and promotion	6,843	6,843						
	Office expenses	162,438	162,438						
	Information technology								
	Royalties • • • • • • • • • • • • • • • • • • •								
	Occupancy	19,283	18,363	920					
	Travel	74,991	72,516	2,475					
	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
	Conferences, conventions, and meetings	2,158	2,158						
	Interest · · · · · · · · · · · · · · · · · · ·								
1	Payments to affiliates								
	Depreciation, depletion, and amortization •••••	14,239		14,239					
3	Insurance								
4 (Other expenses. Itemize expenses not covered								
á	above (List miscellaneous expenses on line 24e. If								
I	ine 24e amount exceeds 10% of line 25, column								
((A), amount, list line 24e expenses on Schedule O.)								
a	Bank Fees	8,629	8,608	21					
b									
c									
d									
e	All other expenses								
	Total functional expenses. Add lines 1 through 24e	1,120,904	1,029,911	39,452	51,541				
6,	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)								

	990 (20		54	4-19954	29 Page 11
Par	t X	Balance Sheet			_
		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	431,793	1	396,257
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	878,802	4	945,922
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		-	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
its	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
∢	9	Prepaid expenses and deferred charges	869	9	1,619
	10a	Land, buildings, and equipment: cost or other			
	h	basis. Complete Part VI of Schedule D 10a 157,573 Less: accumulated depreciation 10b 123,276	40.000	10-	
	b	Less: accumulated depreciation 10b 123,276 Investments - publicly traded securities	42,388	10c 11	34,297
	11 12	Investments - other securities. See Part IV, line 11		12	
	12	Investments - program-related. See Part IV, line 11		12	
	14			13	
	14	Other assets. See Part IV, line 11	22,002	14	21 059
	16	Total assets. Add lines 1 through 15 (must equal line 33)	<u>32,082</u> 1,385,934	16	21,058 1,399,153
	17	Accounts payable and accrued expenses	14,217	17	21,781
	18	Grants payable	14,21,	18	21,701
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	32,082	25	21,058
	26	Total liabilities. Add lines 17 through 25	46,299	26	42,839
		Organizations that follow FASB ASC 958, check here X			
sec		and complete lines 27, 28, 32, and 33.			
lano	27	Net assets without donor restrictions	1,160,694	27	1,171,695
Bal	28	Net assets with donor restrictions	178,941	28	184,619
pu		Organizations that do not follow FASB ASC 958, check here			
Ľ.		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
:As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	1,339,635	32	1,356,314
	33	Total liabilities and net assets/fund balances	1,385,934	33	1,399,153

EEA

Form 990 (2022)

Form		54-1995429)	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	137,	583
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	120,	904
3	Revenue less expenses. Subtract line 2 from line 1	3		16,	679
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	339,	635
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,	356,	314
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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 O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed 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	х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
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		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			F	000 /	0000

Form 990 (2022)

SCHE	DULE	A
(Form	990)	

Public Charity Status and Public Support

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

2022
Open to Public
Increation

OMB No. 1545-0047

		of the Treasury		Attac	in to Form 990 or Form	990-EZ.			Open to Public
Interna	I Reve	enue Service	Go to	www.irs.gov/Forr	n990 for instructions an	d the lates	st informa	tion.	Inspection
Name	of the	organization						Employer identificatior	number
Orph	an 1	Helpers, In	ic.					54-199542	9
Par	t I	Reason fo	or Public Cha	rity Status. (Al	I organizations mus	t comple	ete this p	art.) See instruction	ons.
The o	rganiz	zation is not a pri	vate foundation be	cause it is: (For line	es 1 through 12, check or	nly one box	(.)		
1	D A	A church, conven	tion of churches, c	r association of ch	urches described in secti	on 170(b)(1)(A)(i).		
2		A school describe	ed in section 170(I	b)(1)(A)(ii). (Attach	Schedule E (Form 990).)				
3					n described in section 1	70(b)(1)(A)	(iii).		
4		A medical researd	ch organization op	erated in conjunctio	on with a hospital describe	ed in section	on 170(b)(1)(A)(iii). Enter the	
	hospital's name, city, and state:								
5	D A	An organization o	perated for the be	nefit of a college or	university owned or oper	ated by a g	governmen	tal unit described in	
	s	section 170(b)(1)	(A)(iv). (Complete	e Part II.)					
6	D A	A federal, state, o	r local governmen	t or governmental ι	unit described in section	170(b)(1)(A	4)(v).		
7	D A	An organization tl	nat normally receiv	es a substantial pa	irt of its support from a go	vernmenta	al unit or fro	m the general public	
	c	described in sect	ion 170(b)(1)(A)(v	i). (Complete Part I	II.)				
8	\square A	A community trus	t described in sec t	tion 170(b)(1)(A)(v	i). (Complete Part II.)				
9		An agricultural re	search organizatio	n described in sect	ti on 170(b)(1)(A)(ix) oper	ated in cor	njunction w	ith a land-grant college	
	c	or university or a	non-land-grant col	lege of agriculture ((see instructions). Enter th	he name, c	ity, and sta	te of the college or	
	ι	university:							
10	r s	eceipts from action support from gros	vities related to its is investment inco	exempt functions, sine and unrelated b	33 1/3% of its support fror subject to certain exception usiness taxable income (section 509(a)(2). (Complete the support (Complete the support of the s	ons; and (2 less sectio	!) no more i n 511 tax) i	than 33 1/3% of its	;
11	<u> </u>	An organization o	rganized and oper	ated exclusively to	test for public safety. See	e section 5	09(a)(4).		
12	L A	An organization o	rganized and oper	ated exclusively fo	r the benefit of, to perform	n the function	ons of, or t	o carry out the purpose	s of
	c	one or more publ	cly supported orga	anizations describe	d in section 509(a)(1) or	section 50)9(a)(2) . Se	ee section 509(a)(3) . C	heck
	t	he box on lines 1	2a through 12d th	at describes the typ	e of supporting organizat	ion and co	mplete line	es 12e, 12f, and 12g.	
а	L	_ Type I. A sup	porting organization	on operated, superv	vised, or controlled by its	supported	organizatic	on(s), typically by giving	
		the supported	d organization(s) th	e power to regular	ly appoint or elect a majo	rity of the d	lirectors or	trustees of the	
	_	supporting or	ganization. You m	ust complete Part	IV, Sections A and B.				
b	L	_ Type II. A su	oporting organizati	on supervised or co	ontrolled in connection wi	th its suppo	orted organ	ization(s), by having	
			-		tion vested in the same p	ersons that	t control or	manage the supported	
	-	organization(s). You must com	plete Part IV, Sect	tions A and C.				
С	L				anization operated in con				,
	-		0 ()(,	u must complete Part IV	•			
d	L				g organization operated ir				,
				-	generally must satisfy a			ent and an attentivenes	S
	г	_ ·	,	•	te Part IV, Sections A an	•			
е	L		-		n determination from the		is a Type I,	Type II, Type III	
	-		• •	•	integrated supporting org				
f			f supported organi		· · · · · · · · · · · · · · · · · · ·				••••
g			-	It the supported org					
	(i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions)						other support (see		
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									

Total

-	e A (Form 990) 2022 Orphan Help	pers, Inc.				54-199542	
Part							
	(Complete only if you checked th						lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	ease complet	te Part III.)	
Secti	on A. Public Support						
Calen	dar 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.")						
2	Tax revenues levied for the						
	organization'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						
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)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	(u) =0.10		(0) ====	(u) ===	(0) ====	(1) 1 0 10.1
8	Gross income from interest, dividends,						+
•	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
•	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instructio	l ne)			12	
13	First 5 years. If the Form 990 is for the or			d fourth or fift	th tay year as a)(3)
15	organization, check this box and stop he	0				· · ·	,
Secti	on C. Computation of Public Suppo						<u></u>
14	Public support percentage for 2022 (line 6		·	1 column (f))		14	%
15	Public support percentage from 2021 Sch					15	%
16a	33 1/3% support test - 2022. If the organ					-	
iou	box and stop here . The organization qual						
b	33 1/3% support test - 2021. If the organ	•		•			
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 202		• • • •	-			
iia	10% or more, and if the organization mee	-					
	Part VI how the organization meets the fa					•	
	-			-	-		_
h	organization						
b		-					
	15 is 10% or more, and if the organization					•	
	in Part VI how the organization meets the			-	•		
10	organization Private foundation. If the organization di						···· L
18							_
	instructions						<u></u>

Im 990) 2022Orphan Helpers, Inc.Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar 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.")	830,051	815,695	865,853	190,153	1,187,583	3,889,335
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	830,051	815,695	865,853	190,153	1,187,583	3,889,335
7a	Amounts included on lines 1, 2, and 3					, , , , , , , , , , , , , , , , , , , ,	
	received from disgualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						3,889,335
Secti	on B. Total Support			•	•	•	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	830,051	815,695	865,853	190,153	1,187,583	3,889,335
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	60	935	23			1,018
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	60	935	23			1,018
11	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.)	830,111	816,630	865,876	190,153	1,187,583	3,890,353
14	First 5 years. If the Form 990 is for the or	ganization's fire	st, second, thir	d, fourth, or fift	h tax year as a	section 501(c))(3)
	organization, check this box and stop her						<u></u>
Secti	on C. Computation of Public Suppor	-					
15	Public support percentage for 2022 (line 8		•	3, column (f))		15	99.97 %
16	Public support percentage from 2021 Sch					16	99.08 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2022 (li		., .		חח (f))	17	0.00 %
18	Investment income percentage from 2021					18	0.00 %
19a	33 1/3% support tests - 2022. If the organ						_
	17 is not more than 33 1/3%, check this be	-	-			•••••	anization 🔀
b	33 1/3% support tests - 2021. If the organization						_
	line 18 is not more than 33 1/3%, check this box	•	-	• •	• • • •	-	· · · · · · []
20	Private foundation. If the organization did	1 not check a b	ox on line 14,	19a, or 19b, ch	eck this box a	nd see instructi	ions 📋

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if* you checked 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 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.)

Tart	v.)	
	Yes	No
	100	
1		
2		
3a		
3b		
0.		
3c		
4a		
4a		
4b		
4c		
5a		
5b		
5c		
6		
0		
7		
8		
9a		
9b		
9c		
40		
10a		
104		
10b		

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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	110		
C	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations	110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Casti	supervised, or controlled the supporting organization.	2		
Secu	on 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		162	NU
•	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		
Section	on 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization</i> (s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
5	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		
Section	on É. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	iction	is).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s).		
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	Did the activities described on line 2a, above, constitute activities that, but for the organization's	20		
U U	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
a	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2022

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7

8

1

Orphan Helpers, Inc. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of

property held for production of income (see instructions)

Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)

Aggregate fair market value of all non-exempt-use assets (see

Other expenses (see instructions)

Section B - Minimum Asset Amount

Page 6

(B) Current Year

(optional)

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See					
	instructions. All other Type III non-functionally integrated supporting organiz	atio	ns must complete Sections	A through E.	
Oraction A. Adjusted Net Income			(A) Prior Voor	(B) Current Year	
Section A - Adjusted Net Income			(A) Prior 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

7

8

(A) Prior Year

-			
	instructions for short tax year or assets held for part of year):		
а	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
С	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
е	Discount claimed for blockage or other factors		
	(explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,		
	see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Sect	ion C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		
	emergency temporary reduction (see instructions).	6	
7	Check here if the current year is the organization's first as a non-functional	llv ir	tegrated Type III supporting organization

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 1 (see instructions).

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Schedul	A (Form 990) 2022 Orphan Helpers, Inc. V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	54-19	95429 Page 7
	on D - Distributions	b) Supporting Organi		Current Year
	Amounto paid to supported organizations to accomplish a	compt purpages	1	
<u>1</u> 2	Amounts paid to supported organizations to accomplish ex Amounts paid to perform activity that directly furthers exer			
2	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets	ses of supported organi	2ations 3	
	Qualified set-aside amounts (prior IRS approval required)	nrovide details in Part		
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is resp		
0	(provide details in Part VI). See instructions.	the organization is resp	8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount			
			(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - <i>explain in Part VI</i>). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
C	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			
EEA				Schedule A (Form 990) 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, 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 D	
(Form 990)	

а

Supplemental Financial Statements

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

OMB No. 1545-0047 22 20

Open to Public

Departm	ent of the Treasury	Attach to Form 990.			Open to P	JIIC
Internal	Revenue Service Go to www.irs.gov/Form9	90 for instructions and			Inspection	1
Name o	f the organization		E	Employer identifica	tion number	
	n Helpers, Inc.			54-199542	29	
Pai	t I Organizations Maintaining Donor Advised	Funds or Other Sim	nilar Funds or Acco	unts.		
	Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 6.			
		(a) Donor ad	dvised funds	(b) Funds	and other account	s
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets h	neld in donor advised			
	funds are the organization's property, subject to the organization	ation's exclusive legal co	ontrol?		🛛 - 🗌 Yes	🗌 No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that g	rant funds can be used			
	only for charitable purposes and not for the benefit of the dor	nor or donor advisor, or	for any other purpose			
	conferring impermissible private benefit?				🗌 Yes	🗌 No
Par	II Conservation Easements.					
	Complete if the organization answered "Yes" of	on Form 990, Part IV	/, line 7.			
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply	/).			
	Preservation of land for public use (for example, recreation	on or education)	Preservation of a hi	storically importar	t land area	
	Protection of natural habitat		Preservation of a ce	ertified historic stru	icture	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contri	bution in the form of a c	onservation		
	easement on the last day of the tax year.			Held a	t the End of the	Tax Year
а	Total number of conservation easements			. 2a		
b	Total acreage restricted by conservation easements			. 2b		
с	Number of conservation easements on a certified historic str					
d	Number of conservation easements included in (c) acquired	after July 25, 2006, and	l not on a			
	historic structure listed in the National Register			. 2d		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, o	r terminated by the orga	anization during th	e	
	tax year					
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements i	it holds?			· · 🗌 Yes	🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conservat	ion easements du	ring the year	—
		U	0		0 1	
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and e	enforcing conservation e	asements during	the year	
		C	Ū	0		
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirement	ents of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				🗌 Yes	🗌 No
9	In Part XIII, describe how the organization reports conservat					_
	balance sheet, and include, if applicable, the text of the footr		•			
	organization's accounting for conservation easements.	0				
Par		of Art, Historica	I Treasures, or Of	ther Similar A	ssets.	
	Complete if the organization answered "Yes" of					
1a	If the organization elected, as permitted under FASB ASC 95			alance sheet work	6	
	of art, historical treasures, or other similar assets held for pul	blic exhibition, educatio	n, or research in further	ance of public		
	service, provide in Part XIII the text of the footnote to its finar			•		
b	If the organization elected, as permitted under FASB ASC 95			ce sheet works of		
	art, historical treasures, or other similar assets held for public	•			e,	
	provide the following amounts relating to these items:				,	
	(i) Revenue included on Form 990, Part VIII, line 1			¢		
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre					
-	following amounts required to be reported under FASB ASC		-	י, סטויטטע נווס		
2	Revenue included on Form 990. Part VIII line 1	-		¢		

Schedule	D	(Form	990)	2022
Scheuule	υ	(FOIIII	330)	2022

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Schedul	eD(Form 990)2022 Orphan Helpers,						54-199		Page 2
Par	t III Organizations Maintaining	Collections of	Art, His	torical T	reasures,	or Ot	her Similar A	ssets (co	ntinued)
3	Using the organization's acquisition, access	ion, and other record	ls, check ar	ny of the fol	llowing that m	iake sigr	nificant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan o	r exchange pi	rogram			
b									
с	Preservation for future generations			_					
4	Provide a description of the organization's c	ollections and explai	n how thev	further the	organization'	s exemp	t purpose in Part		
	XIII.		,		5				
5	During the year, did the organization solicit of	or receive donations	of art histo	rical treasu	ires or other	similar			
v	assets to be sold to raise funds rather than t		-					. 🗌 Yes	No
Par				ngamzation			<u></u>	. [] 163	
	Complete if the organization		' on Forn	n 990 Pa	art IV line	9 or r	eported an arr	nount on F	orm
	990, Part X, line 21.				are rv, mro	0, 01 1			onn
1a	Is the organization an agent, trustee, custod	ion or other intermed	high for cor		or other accet	rc not			
Id									
								· 🗌 Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	liowing tab	le:					
								nount	
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance					- 1f			
2a	Did the organization include an amount on F	Form 990, Part X, line	e 21, for es	crow or cus	stodial accour	nt liability	?	. 🗌 Yes	No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xplanation	has been p	rovided on Pa	art XIII			
Par	t V Endowment Funds.								
	Complete if the organization	answered "Yes'	on Forn	n 990, Pa	art IV, line	10.			
		(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and								
d	Grants or scholarships								
e	Other expenditures for facilities and								
C	programs								
£	Administrative expenses								
t									
g	End of year balance								
2	Provide the estimated percentage of the cur	•	e (line 1g, i	column (a))) held as:				
a	Board designated or quasi-endowment								
b	Permanent endowment%)							
С	Term endowment%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organization	ation that a	re held and	administered	for the		-	
	organization by:								Yes No
	(i) Unrelated organizations							. 3a(i)	
	(ii) Related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requi	ired on Sch	edule R?				. 3b	
4	Describe in Part XIII the intended uses of the	e organization's endo	owment fun	ds.					
Par	t VI Land, Buildings, and Equi	pment.							
	Complete if the organization	answered "Yes'	" on Forn	n 990, Pa	art IV, line	11a. S	ee Form 990,	Part X, lir	ne 10.
	Description of property	(a) Cost or oth		1	r other basis		Accumulated	(d) Book	
		(investm			other)	• •	epreciation	(4) Dook	Value
1a	Land	· · · ·		Ì					
_									
b	Buildings			+					
C	Leasehold improvements								
d	Equipment				157,573		123,276		34,297
e	Other			<u> </u>					
Total.	Add lines 1a through 1e. <i>(Column (d) must</i> eo	qual Form 990, Part)	X, column (B), line 10c	.)				34,297

Schedule D	Form 990) 2022
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	Complete if the organization answered	d "Yes" on Fori	m 990, Part	IV, line 11b.	See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book va	lue	.,	ethod of valuation: d-of-year market value
(1) Financial of	lerivatives					
(2) Closely-he	ld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII	Investments - Program Related. Complete if the organization answered	d "Yes" on Fori	m 990, Part	IV, line 11c.	See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book va	lue	.,	ethod of valuation: d-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets.					
	Complete if the organization answered	d "Yes" on Fori	m 990, Part	IV, line 11d.	See Form	990, Part X, line 15.
	(a) D	escription				(b) Book value
(1)Operati	ng lease right-of-use asset					21,058
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 15.)					21,058
Part X	Other Liabilities. Complete if the organization answered line 25.	d "Yes" on Fori	m 990, Part	IV, line 11e	or 11f. See	
1.	(a) Description of liability	(b) Book v	alue			
(1) Federal i	ncome taxes					
_(2 0 perati	ng lease right-of-use liabil		21,058			
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
-	b) must equal Form 990, Part X, col. (B) line 25.) ••		21,058			

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

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Schedule D (Form 990) 2022

Part VII

990) 2022 Orphan Helpers, Inc. Investments - Other Securities.

	le D (Form 990) 2022 Orphan Helpers, Inc.	54-1995429	Page 4
Part		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	1,137,583
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	. 3	1,137,583
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.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b	- 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,137,583
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	1,120,904
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. <u>2</u> e	
3	Subtract line 2e from line 1	. 3	1,120,904
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
C	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	1,120,904
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

0011		1							
SCHEDULE F Stat			ement o	f Activitie	s Outside the Unit	ted States		DMB No. 154	
(Forn	n 990)	Complet	te if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.					202	22
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest info				nformation.		Open to Inspectio			
Name of	the organization						Employer ide	ntification nur	mber
Orpha	an Helpers,	Inc.					54-19954	29	
Part		Information o), Part IV, line [·]		Outside the U	nited States. Complete if th	e organization a	nswered "\	es" on	
1	•	, the grantees' eli		grants or assistan	estantiate the amount of its grant nce, and the selection criteria use	ed to		Yes	🗌 No
2	outside the Unite	d States.	Ĵ		es for monitoring the use of its g		sistance		
	(a) Region	<u> </u>	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed a program ser describe specific i service(s) in the	rvice, type of	(f) To expendit and inve in the r	tures for estments

		contractors in the region	located in the region)	service(s) in the region	in the region
(1)					
_(2)					
_(3)					
_(4)					
_(5)					
_(6)					
_(7)					
_(8)					
(9)					
<u>(10)</u>					
<u>(11)</u>					
(12)					
<u>(13)</u>					
<u>(</u> 14)					
<u>(</u> 15)					
<u>(</u> 16)					
(17) 3a Subtotal					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	1			

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

Schedule F (Form 990) 2022 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

Part II

Orphan Helpers, Inc.

54-1995429

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Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description (i) Method of valuation section and EIN grant , cash grant cash noncash of noncash assistance organization (if applicable) disbursement assistance (book, FMV, appraisal, other) Central Americ and (1) the Caribbean Missions 259,234 10 Fair market val (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax 2 exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter • Enter total number of other organizations or entities 3

Schedule F (Form 990) 2022

Orphan Helpers, Inc.

54-1995429

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(a) Type of grant or assistance (b) Region (c) Number of (h) Method of valuation (d) Amount of (e) Manner of (f) Amount of (g) Description recipients cash grant cash noncash of noncash assistance (book, FMV, appraisal, other) disbursement assistance (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) EEA

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed.

Schedule	F (Form 990) 2022 Orphan Helpers, Inc. 54-1	995429	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	_	_
	Corporation (see Instructions for Form 926)	· · 🗌 Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	🗌 Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	🗌 Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	🗌 Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	🗌 Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	🗌 Yes	X No
EEA		Schedule F (Fo	orm 990) 2022

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Orphan Helpers, Inc.

Employer identification number 54–1995429

01. Officer, directors, etc. family relationship (Part VI, line 2)

The spouse of the executive director is employeed at The Signatry, which is a donor

advised fund organization and Orphan Helpers, Inc. makes donations to the organization.

02. Form 990 governing body review (Part VI, line 11)

The Board reviews the Form 990 before it is filed.

03. Conflict of interest policy compliance (Part VI, line 12c)

The policy is reviewed annually by the Executive Committee and the Executive Director. Any

action is enforced by the Executive Director.

04. CEO, executive director, top management comp (Part VI, line 15a)

The process is administered by the Board of Directors. The Board of Directors uses

industry standard meaures for the positions and the size of the organization.

05. Governing documents, etc, available to public (Part VI, line 19)

All documents are maintained electronically on a server and are available via any means

<u>upon request.</u>