Form	990
1 Onth	000

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Depa					Inspection		
			ar year, or tax year beginning	and	ending		
Ba	heck if pplicab		forganization			D Employer identifica	tion number
Ē	Addre	THE	GLOBAL ORPHAN PROJEC	CT. INC.			
Ē	Name	e Doing b	usiness as			81-607953	9
[	Initial		and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephone number	
[	Final	3161	WYANDOTTE ST.	,		(816)536-	8333
	termir ated		own, state or province, country, and ZII	P or foreign postal code		G Gross receipts \$	23,388,385.
	Amen	L VUID	AS CITY, MO 64111			H(a) Is this a group retu	
	Applic tion	<sup>:a-</sup> F Name a	nd address of principal officer: <b>BETH</b> .	ANY BEZANSON		for subordinates?	Yes X No
_	pendi	<sup>ng</sup> 3161	WYANDOTTE ST., KANSA	AS CITY, MO 64	111	H(b) Are all subordinates inclu	uded? Yes No
11	ax-ex	empt status: [	X 501(c)(3) 501(c) ( )	(insert no.) 🔲 4947(a)(1) o	or 📃 527	If "No," attach a lis	st. See instructions
	Vebsi		GOPROJECT.ORG			H(c) Group exemption	
				ciation 🚺 Other	L Year	of formation: 2003 M	State of legal domicile; MO
Pa	rt I	Summary					
a	1	Briefly describ	be the organization's mission or most sig	gnificant activities: THE (	JLOBAL	ORPHAN PROJE	SCT_EXISTS.
anc			K THE ORPHAN CYCLE 1				
Governance	2	Check this bo		nued its operations or dispos			
jo v			ting members of the governing body (P				<u> </u>
8	4		lependent voting members of the gover				189
Activities &			of individuals employed in calendar yea				54345
tivit			of volunteers (estimate if necessary) d business revenue from Part VIII, colur				0.
Ac			business taxable income from Form 99				0.
-		Net binclated	business taxable income from on one			Prior Year	Current Year
1	8	Contributions	and grants (Part VIII, line 1h)			17,137,430.	17,938,812.
anu	9					1,042,769.	3,080,189.
Revenue		-	come (Part VIII, column (A), lines 3, 4, a			3,307.	64,285.
Å	11		(Part VIII, column (A), lines 5, 6d, 8c, 9		497,316.	401,933.	
	12		- add lines 8 through 11 (must equal Pa			18,680,822.	21,485,219.
_	13	Grants and sir	nilar amounts paid (Part IX, column (A),	lines 1-3)		6,801,808.	7,416,423.
	14	Benefits paid	to or for members (Part IX, column (A),		0.	0.	
s			r compensation, employee benefits (Pa			7,410,146.	8,982,523.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line	e 11e)		0.	0.
xpe	b	Total fundrais	ing expenses (Part IX, column (D), line 2	25)107,23	31.	4 650 540	
ш			es (Part IX, column (A), lines 11a-11d, 1		and the second second	4,653,743.	3,689,203.
			s. Add lines 13-17 (must equal Part IX,			18,865,697.	20,088,149.
	19	Revenue less	expenses. Subtract line 18 from line 12			-184,875.	1,397,070.
Net Assets or Fund Balances					Be	ginning of Current Year 11,653,402.	End of Year 13,175,404.
Bala	20	Total assets (F				1,030,512.	1,416,762.
et A	21		i (Part X, line 26) fund balances. Subtract line 21 from lin	- 00		10,622,890.	11,758,642.
E∎a	22 rt II	Signature		e 20	19900110	10,022,090	11,750,012.
-		A REPORT OF A REAL PROPERTY OF A REAL PROPERTY.	I declare that I have examined this return, in	cluding accompanying schedules	and stateme	ents, and to the best of my k	nowledge and belief, it is
			. Declaration of preparer (other than officer)				
	UUTTU	Betha			Property	10181	2024
Sign Signature of officer Date							
Her		BETHANY	BEZANSON, CFO				
	-	Type or print n					
		Print/Type pre	parer's name P	reparer's signature		Date Check	] PTIN
Paid			N P MCKINZIE		1	0/01/24 self-employed	P01326474
Prep	arer	Firm's name	EMERICK AND COMPANY	Z PC		Firm's EIN	
Use	Only	Firm's address	4520 MADISON AVE, S	STE G			
			KANSAS CITY, MO 641	L11		Phone no. ( 81	6) 531-2822
May	the IF	RS discuss this	s return with the preparer shown above	? See instructions			X Yes No
LHA	For	Paperwork R	eduction Act Notice, see the separate	e instructions. 332001 12	2-21-23		Form <b>990</b> (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Conc. 1 (Bournest 1, 231, 050. readrogene of 24, 062. (Neuronst 243, 020. ) (Pourset 1, 231, 050. readrogene of 2, 276, 962. ) (Pourset 1, 231, 050. readrogene of 2, 276, 962. ) (Pourset 1, 243, 020. ) (Pourset 1, 231, 050. readrogene of 2, 276, 962. ) (Pourset 1, 231, 557, 648. )	_	990 (2023) THE GLOBAL ORPHAN PROJECT, INC. 81-6079539 Pag t III Statement of Program Service Accomplishments
Briefly describe the organization's mission:         THE GLOBAL ORPHAN PROJECT EXISTS TO BREAK THE ORPHAN CYCLE THROUGH THE POWER OF COMMUNITY, COMMERCE, AND THE LOVE OF JESUS.         Did the organization undertake any significant program services, AND THE LOVE OF JESUS.         Did the organization undertake any significant program services during the year which were not listed on the prior FOM 980 or 980 c2?       Ves. [X 11 'Ves. [X 11 'Ves.] 'Ves. [X 11 'Ves.] 'V		
THE GLOBAL ORPHAN PROJECT EXISTS TO BREAK THE ORPHAN CYCLE THROUGH THE         POWER OF COMMUNITY, COMMERCE, AND THE LOVE OF JESUS.         Did the organization undertake any significant program services during the year which were not listed on the         prior Form S00 # S00-E27         Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses.         Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses.         Section 501(6)(2) and 501(6)(0) organizations are required to report the amount of grants and adications to other, the total expenses, and revenue, Law, for each organizations are sequented to report the amount of grants and adications to other, the total expenses, and revenue, Law, for each organizations are required.         Core       () (ourserst 12, 394, 668.         Core       () (ourserst 15 OUR CARE STARTING TECHNOLOGY PLATFORM THAT DRIVES ACTION FOR CHILDREN AND FAMILLES IN CHISIS. CAREPORTAL CONNECTS LOCAL CARE STARKHOLDERS SUCH AS THE FAITH COMMUNITY WHO CARE TO COLLABORATH IN CARE IN ORDERS SUCH AS THE FAITH COMMUNITY BUSINESSES EDUCATION, GOVERNMENT, NONPROFITS, AND PEOPLE IN PROXIMITY WHO CARE TO COLLABORATH IN CARING FOR VULNERABLE CHILDREN AND FAMILLES IN THEIR COMMUNITY CONMUNITY SUCH SAME ORDER AND ADAAAAND ADAAAAND ADAAAND ADAAAND ADAAAND ADAAAND ADAAND A		
POWER OF COMMUNITY, COMMERCE, AND THE LOVE OF JESUS.         Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 900 e90 e27?       Ives [X]         Did the organization crass conducting, or make significant changes in how it conducts, any program services, as measured by expenses.       Section 501(e)3 and 501(e)40 organizations are required to report the senout of grants and allocations to others, the total expenses, and rewrink, if any, for each program markice ascomptishments for each of its three largest program services, as measured by expenses.         Section 501(e)3 and 501(e)40 organizations are required to report the senout of grants and allocations to others, the total expenses, and rewrink, if any, for each program markice reported.       3,409,657.1 (percent)       3,080,185         SHARING THE MEDS OF THE MOST VULNERABLE WITH PEOPLE IN PROXIMITY WHO CARE. DURKENS LOCAL CONNECTS, LOCAL CARE STAREHOLDERS SUCH AS THE FAITH COMMUNITY, USINESSES, EDUCATION, GOVERNMENT, NONPROFITS, AND PEOPLE IN PROXIMITY WHO CARE TO COLLABORATE IN CARING FOR VULNERABLE CHILDREN AND FAMILIES IN THEIR COMMUNITIES.         (come)(opposets		· ·
Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 e900-E27       Image: Text State S		
ptor From 580 or 990 E27		
I' Yeş' describe these new services of Schedule 0.         Did the organization scesse conducting, or make significant changes in how it conducts, any program services, as measured by expenses.         I' Yeş' describe these changes on Schedule 0.         Describe the organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accompletiments for each of its three largest program services, as measured by expenses.         Coster       12,394,668. mcutaing grants of 3,409,657. ) (incremes 3,080,185         SHARING THE NEEDS OF THE MOST VULNERABLE WITH PEOPLE IN PROXIMITY WHO       3,080,185         CARE. CAREPORTAL IS OUR CARE-SHARING TECKNOLOGY PLATFORM THAT DRIVES       ACTION FOR CHILDREN AND FAMILIES IN CRISIS. CAREPORTAL CONNECTS LOCAL         CARE STAKEHOLDERS SUCH AS THE FAITH COMMUNITY WHO CARE TO COLLABORATE       IN CARING FOR VULNERABLE CHILDREN AND FAMILIES IN THEIR COMMUNITIES.         Conte		
Did the organization scase conducting, or make significant changes in how it conducts, any program services?       I'Yes, 'describe these changes on Schedule O.         Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.       Section 501(c)3 and 501(c)4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if <i>n</i> , for each program services required to report the amount of grants and allocations to others, the total expenses, and revenue, if <i>n</i> , for each program services reported.         Conce       ) (Expenses 12,394,568. 'hunding greet of 8, 1,409,657.) (Penetrus 3,080,185         SHARING THE NEEDS OF THE MOST VULNERABLE WITH PEOPLE IN PROXIMITY WHO CARE TO COLLaBORATT IN CARE OR CHILDREN AND FAMILIES IN CRISIS. CAREPORTAL CONNECTS LOCAL CARE STAREHOLDERS SUCH AS THE FAITH COMMUNITY, BUSINESSES, EDUCATION, GOVERNMENT, NONPROFITS, AND PEOPLE IN PROXIMITY WHO CARE TO COLLaBORATT IN CARING FOR VULNERABLE CHILDREN AND FAMILIES IN THEIR COMMUNITIES.         (come:       ) (represest       4,061,670. Including greet of 8,0486,784.) (Penetrus 1         (come:       ) (represest       4,061,670. Including greet of 8,0486,784.) (Penetrus 1         (come:       ) (represest       4,061,670.         IN PROFINA CARE GRAINTS TO FIELD PARTNERS TO SUPPORT ONGOING CARE AND PROFAMS FOR ORPHAN PREVENTION INITIATIVES AND ORPHANED AND ABANDONED CHILDREN IN PARTNER VILLAGES, IN HAITI/DR, AFRICA (VARIOUS COUNTRIES), INDIA, MIDDLE EAST, AND DOMESTICALLY. ADDITIONAL DETAIL CAN BE FOUND AT WWW.GOPROJECT.ORG.         (conte:       ) (represest 1,231,050. Including gr		·
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(Code       1 (Seconds)       12,394,668.       Notes of the second part of the second p		Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
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Total program service expenses     17,975,648.       Form 990 (;		
Form <b>990</b> (;		(Expenses \$\$ 200,200. including grants of \$\$ 270,902.) (Revenue \$\$ 55,597.)       Total program service expenses     17,975,648.
		Form 990 (2
	02	

Form	aan	(2023)

 Form 990 (2023)
 THE GLOBAL ORPHAN PROJECT, INC.
 81-6079539
 Page 3

 Part IV
 Checklist of Required Schedules
 81-6079539
 Page 3

			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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
_	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	_		v
•	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			v
-	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,	-		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		л
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit courseling, debt management, credit repair, or debt pagetiation services?			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		- 23
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		х
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		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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			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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		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		
20	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			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	X	<u> </u>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
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	Х	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	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	- 50		
37		27		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	00	х	
Pa	Note: All Form 990 filers are required to complete Schedule O TV Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	I
1 0				
	Check if Schedule O contains a response or note to any line in this Part V	· · · · · · · · · · · · · · ·		
-			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 47			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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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 189			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b	Х	
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	)	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		- 30		<u> </u>
0a			6.		x
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		
a	If "Yes," did the organization include with every solicitation an express statement that such contribution				
_	were not tax deductible?		6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).		_		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly as a contribution and partly as a contribution and payment in excess of \$75 made partly as	vices provided to the payor?	7a		X
			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		<b> </b>
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	•	1		
	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
1 <b>2</b> 2	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
a			15a		<u> </u>
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				
U		126			
-	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			v
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				37
	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 disqualified or other person engage in any act	ivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
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Form 990	(2023)
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI

				_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	.0		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any ot	her			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?	•		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99					X
5	Did the organization become aware during the year of a significant diversion of the organization's asse					X
6	Did the organization have members or stockholders?					X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
-	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	The governing body?			8a	х	
	Each committee with authority to act on behalf of the governing body?				X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reacl					
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev				1	
		enue coue	.)		Yes	N
0a	Did the organization have local chapters, branches, or affiliates?			10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b		
1-1	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		g the form:	114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x	
					X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t Did the organization regularly and consistently monitor and enforce compliance with the policy? $ff "Ye$				23	
C		,		12c	x	
2	on Schedule O how this was done				X	
3  4	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?				X	
4  5				. 14	- 23	
15	Did the process for determining compensation of the following persons include a review and approval	by indepen	ident			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45.0	x	
	The organization's CEO, Executive Director, or top management official				X	
D	Other officers or key employees of the organization			15b		
0-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
loa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements			40-		x
Ŀ	taxable entity during the year?			<u>16a</u>		
α	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		DATION			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz			401		
<u>`~~</u>	exempt status with respect to such arrangements?	<u></u>		16b		
17		-1 000 T (a a				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	a 990-1 (se	ction 501(c)	3)s only)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply.					
0	X Own website Another's website X Upon request Other (explain a			and C	-1-1	
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	mict of inte	rest policy, a	ina tinan	ciai	
	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 book DEBBIE MCMULLIN - (816)536-8333	ks and reco	rds			
	3161 WYANDOTTE ST., KANSAS CITY, MO 64111				000	
20000	5 12-21-23			Forr	1 <b>990</b>	(202

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 person is both an officer and a director/trustee)		n an	compensation	compensation	amount of		
	week					1/1/1/1/1/1		from	from related	other
	(list any hours for	directo						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		iyee	mper		1099-NEC)	1000 1120)	and related
	below	ndividual trustee or director	nstitutional trustee	er	Key employee	est cc loyee	ler	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) ADRIEN LEWIS	40.00									
CHIEF INNOVATION OFFICER				Х				120,999.	0.	18,714.
(2) JOE KNITTIG	40.00									
CEO				Х				116,881.	0.	19,148.
(3) DANIEL LEACH	40.00									
SENIOR DEVELOPER						Х		117,308.	0.	12,236.
(4) BENJAMIN BARRETH	40.00									
SOFTWARE DEV 3						Х		111,033.	0.	18,318.
(5) TYLER FISK	40.00									
VP OF PLATFORM OPERATIONS						Х		106,725.	0.	11,224.
(6) MARK ATKINSON	40.00									
AREA DIRECTOR						Х		107,759.	0.	9,570.
(7) DOMINGO MOTA	40.00									
AREA DIRECTOR						Х		109,423.	0.	3,115.
(8) JESSICA RAY	40.00									
EXECUTIVE DIRECTOR, MARKET				Х				102,689.	0.	3,023.
(9) JACOB BARRETH	40.00									
<u>coo</u>				Х				92,400.	0.	2,609.
(10) TRACE THURLBY	40.00									
PRESIDENT AND COO THROUGH 8/2023				Х				81,495.	0.	2,827.
(11) BETHANY BEZANSON	40.00									
CFO				Х				36,323.	0.	3,819.
(12) ALAN DIETRICH	5.00									•
DIRECTOR		Х						0.	0.	0.
(13) CHRIS LEVY	5.00								•	•
DIRECTOR	<b>_</b>	Х						0.	0.	0.
(14) JEFFREY MURPHY	5.00								•	•
DIRECTOR		х						0.	0.	0.
(15) AARON BLAKE	5.00								•	•
DIRECTOR		Х						0.	0.	0.
(16) BRUCE KUSMIN	5.00								-	•
DIRECTOR		Х						0.	0.	0.
(17) MICHAEL D FOX	25.00								-	•
BOARD CHAIR		Х		Х				0.	0.	0.
332007 12-21-23				_	-					Form <b>990</b> (2023)

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THE GLOBAL ORPHAN PROJECT, INC.							INC. 81-6079539 Page 8			
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest C							st C	ompensated Employee	s (continued)	
(A) (B) Name and title Avera hours weel			not c , unles	Pos heck i ss per	rson i	) than o s both pr/trus	n an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) ELIZABETH L FOX BOARD VP	5.00	x		x				0.	0.	0.
(19) JOHN LARIMER SECRETARY	5.00	x		x				0.	0.	0.
(20) ED BARBER TREASURER	5.00	x		x				0.	0.	0.
(21) TRACE THURLBY DIRECTOR 9/1/2023-12/31/2023	5.00	x						0.	0.	0.
1b       Subtotal         c       Total from continuation sheets to Part VI         d       Total (add lines 1b and 1c)	, Section A							1,103,035. 0. 1,103,035.	0. 0. 0.	104,603. 0. 104,603.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	9
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su	,					,	0		,	Yes No 3 X
<ul> <li>4 For any individual listed on line 1a, is the su and related organizations greater than \$150</li> <li>5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes." com</i></li> </ul>	),000? <i>If</i> "Yes, accrue compen	" co Isati	<i>mple</i> on fr	ete S om	Sche any	edule unre	e <i>J f</i> elate	or such individual	dual for services	4 X
Section B. Independent Contractors	-									· · · ·
1 Complete this table for your five highest con the organization. Report compensation for t	•	•						the organization's tax y	· ·	
(A) Name and business	NC	ONE	2				<b>(B)</b> Description of s	ervices (	(C) Compensation	
2 Total number of independent contractors (ir \$100,000 of compensation from the organized statement of	•	ot lin	nitec	l to	thos (		ted	above) who received m	ore than	
¥										Form <b>990</b> (2023)

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			Check if Schedule O c	contain	is a respo	onse o	or note to any line	e in this Part VIII			
					·			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded
5 t	1	а	Federated campaigns		1a						
and Other Similar Amounts											
, E		с	Fundraising events		1c		149,250.				
ar		d	Related organizations		1d						
<u>i</u> E		е	Government grants (contri	ibution	s) <b>1e</b>		435,693.				
s r	þ f		All other contributions, gifts,	grants,	and						
2 E			similar amounts not included	above			17,353,869.				
D P		g	Noncash contributions included in I	lines 1a-	1f <b>1g</b>	\$	555,992.				
a d		h	Total. Add lines 1a-1f					17,938,812.			
							Business Code	2 2 2 2 2 2 2	2 000 100		
3	2		SOFTWARE FEES				541519	3,080,189.	3,080,189.		
e e		b									
Revenue		С									
Be a		d									
2		e									
•			All other program service					3,080,189.			
_			Total. Add lines 2a-2f					5,080,189.			
	3		Investment income (includ	0	,		,	57,438.			57 / 38
			other similar amounts)					57,430.			57,438
	4		Income from investment o		•		1				
	5	•	Royalties		(i) Rea		(ii) Personal				
	6		Cross rests		(1) 110a		(ii) i eisonai				
	0		Gross rents	6a 6b							
			Less: rental expenses Rental income or (loss)	6c							
		c d	Net rental income or (loss)	· · · ·							
	7		Gross amount from sales of		(i) Securi	ies	(ii) Other				
	'	a	assets other than inventory	7a	() 000011						
		h	Less: cost or other basis	10							
e		N	and sales expenses	7b			-6,847.				
enu		c	Gain or (loss)				6,847.				
Revenue			Net gain or (loss)	· · ·			· · · ·	6,847.			6,847
5	8		Gross income from fundraisir					,			,
Ē	-				50. of						
-			contributions reported on								
			Part IV, line 18			8a	20,961.				
		b				8b	180,518.				
		с	Net income or (loss) from t	fundra	ising ever	nts		-159,557.			-159,557
	9	а	Gross income from gamin	ig activ	ities. See						
			Part IV, line 19			9a					
		b				9b					
		с	Net income or (loss) from	gaminę	g activitie	s					
	10	а	Gross sales of inventory, le	ess ret	urns						
			and allowances			10a					
			Less: cost of goods sold			10b					
$\downarrow$		С	Net income or (loss) from	sales c	of invento	ry		507,893.	507,893.		
							Business Code				
e e	11	а	OTHER				900099	53,597.	53,597.		
enu		b									
Revenue		С									
			All other revenue				L				
			Total. Add lines 11a-11d			<u></u>		53,597.			
	12		Total revenue. See instructio	ons				21,485,219.	3,641,679.	0.	-95,272 Form <b>990</b> (2023

THE GLOBAL ORPHAN PROJECT, INC. 81-6079539 Page 9

Form 990 (2023)

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THE GLOBAL ORPHAN PROJECT, 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).

INC.

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			npiete column (A).	
	Check if Schedule O contains a respon			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,248,145.	1,248,145.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,405,429.	2,405,429.		
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	3,762,849.	3,762,849.		
4	Benefits paid to or for members	• / · • = / • = • •			
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	568,191.	384,702.	183,489.	
6	Compensation not included above to disqualified	500,191.	501,7020	105,405.	
0					
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)	6,859,054.	6,065,484.	793,570.	
7	Other salaries and wages	0,009,004.	0,000,404.	195,570.	
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	077 256	017 00	150 600	
9	Other employee benefits	977,356.	824,748.	152,608.	
10	Payroll taxes	577,922.	503,617.	74,305.	
11	Fees for services (nonemployees):				
а	0				
b	Legal				
С	Accounting	202,266.	15,520.	186,746.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	697,249.	566,958.	130,291.	
12	Advertising and promotion	113,277.	112,533.		744.
13	Office expenses	81,989.	60,095.	21,894.	
14	Information technology	392,508.	294,579.	77,180.	20,749.
15	Royalties		-		
16	Occupancy	67,999.	26,026.	41,973.	
17	Travel	501,593.	412,033.	89,560.	
18	Payments of travel or entertainment expenses	,	,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	16,615.		16,615.	
20 21	Payments to affiliates	, , , ,			
21	Depreciation, depletion, and amortization	836,476.	738,075.	98,401.	
22 23		153,897.	84,748.	69,149.	
	Insurance Other expenses. Itemize expenses not covered	155,057.	01,710.	0,14,	
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.)	212,888.	199,235.	13,653.	
a	TRAINING MISCELLANEOUS			тэ,0ээ.	20 277
b	MISCELLANEOUS	136,705.	107,328.		29,377.
c	VIDEO	120,367.	77,349.	26 021	43,018.
d	INTERNET DONATION FEES	66,811.	40,780.	26,031.	12 242
	All other expenses	88,563.	45,415.	29,805.	13,343.
25	Total functional expenses. Add lines 1 through 24e	20,088,149.	17,975,648.	2,005,270.	107,231.
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)				
33201	0 12-21-23	10			Form <b>990</b> (2023)

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THE GLOBAL ORPHAN PROJECT, INC.

		I Chaolic if Cohodulo O containe a reasonance ar not	to only	line in this Dort V			
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			5,467,549.	1	7,695,789.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	1,104,094.	3	391,591.		
	4	Accounts receivable, net			205,858.	4	789,284.
	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			1,565,784.	8	1,586,540.
As	9				106,469.	9	187,527.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,197,136.			
	b	Less: accumulated depreciation		6,197,136. 3,990,727.	2,634,826.	10c	2,206,409.
	11	Investments - publicly traded securities			248,428.	11	
	12	Investments - other securities. See Part IV, line 1			•	12	
	13	Investments - program-related. See Part IV, line 1		F		13	
	14	Intangible assets		Г		14	
	15	Other assets. See Part IV, line 11			320,394.	15	318,264.
	16	Total assets. Add lines 1 through 15 (must equa			11,653,402.	16	13,175,404.
	17	Accounts payable and accrued expenses	415,634.	17	746,773.		
	18	Grants payable		18	· · ·		
	19	Deferred revenue			157,279.	19	239,316.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
6	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
llide		controlled entity or family member of any of thes				22	
Lie	23	Secured mortgages and notes payable to unrela		F	457,599.	23	430,673.
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·	-	24	
	25	Other liabilities (including federal income tax, pay	, ables to	F			
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,030,512.	26	1,416,762.
		Organizations that follow FASB ASC 958, che	ck here	X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			9,157,546.	27	8,884,391.
Bal	28	Net assets with donor restrictions	1,465,344.	28	2,874,251.		
pu		Organizations that do not follow FASB ASC 9	58, chec	k here			
Ъ		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 eq				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net	32	Total net assets or fund balances			10,622,890.	32	11,758,642.
_	33	Total liabilities and net assets/fund balances			11,653,402.	33	13,175,404.

Form **990** (2023)

Form 990 (2023)
Part X Balance Sheet

_	1990 (2023) THE GLOBAL ORPHAN PROJECT, INC.	81-6	079539	Pag	<sub>je</sub> 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	21,485		
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,088	-	
3	Revenue less expenses. Subtract line 2 from line 1	3	1,397		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,622	, 89	90.
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	-261	, 31	18.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		44 850		
De	column (B))	10	11,758	,64	12.
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
_				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	0.			37
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			v	
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	e basis,			
	consolidated basis, or both: Separate basis X 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		2c	x	
	review, or compilation of its financial statements and selection of an independent accountant?		20	^	
0	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	eaule U.			
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			x	
I-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	^	
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		24	x	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b   Form <b>(</b>		

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

/ <b>F</b>	0001
(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. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public

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## Name of the organization

Nam	Name of the organization Employer identification number												
				HAN PROJECT,					1-6079539				
Pa	rt I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The o	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)							
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	Х	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in				
		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college				
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or				
		university:											
10		An organization that norma	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from				
		activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment				
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclusiv	vely to test for public sat	fety. See	section 50	)9(a)(4).						
12		An organization organized a	and operated exclusiv	vely for the benefit of, to	perform t	he function	ns of, or to ca	rry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). (	Check the box on				
		lines 12a through 12d that	describes the type of	supporting organizatior	n and com	plete lines	12e, 12f, and	12g.					
а		] Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	f the direc	tors or trustee	es of the su	ipporting				
		organization. You must c	omplete Part IV, Se	ctions A and B.									
b		] Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ring				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
с		] Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,				
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.						
d		] Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .						
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type	II, Type III					
		functionally integrated, or	Type III non-functior	nally integrated supportin	ng organiz	ation.							
f	Ente	r the number of supported o	organizations										
g		ide the following information		<u> </u>	C A Is the second	- Contraction and							
	(i	) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	inization listed ng document?	(v) Amount of support (see ir	,	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)				
Tota	1												

Schedule	A (Form 990	) 2023
Part II	Suppor	rt Scl

THE GLOBAL ORPHAN PROJECT, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	10470870.	12844796.	14875811.	17137430.	17938812.	73267719.
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	10470870	12811796	14875811.	17137/30	17039912	73267710
	Total. Add lines 1 through 3	104/00/0.	12044790.	14073011.	1/13/430.	17930012.	/ 520//19.
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)						11930359.
6	Public support. Subtract line 5 from line 4.						61337360.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4			14875811.			
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	120,541.	6,264.	15,321.	23,796.	57,438.	223,360.
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.)						
11	Total support. Add lines 7 through 10						73491079.
	Gross receipts from related activities		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· · · ·	<u>,269,256.</u>
13	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
0	organization, check this box and <b>sto</b>						
	ction C. Computation of Publ						02 46
	Public support percentage for 2023 (					14	83.46 % 86.46 %
	Public support percentage from 2022						
168	<b>33 1/3% support test - 2023.</b> If the						37
h	stop here. The organization qualifies		-			or more sheak th	
D.	and stop here. The organization qua						
17-							
178	10% -facts-and-circumstances test and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	-	
h	10% -facts-and-circumstances test	-		• • • •	•	17a and line 15 is	
	more, and if the organization meets t	-					
	organization meets the facts-and-circ						
18	<b>Private foundation.</b> If the organization		-				
			,	. , ,			(Form 990) 2023
							-

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#### THE GLOBAL ORPHAN PROJECT, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support									
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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									
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 512									
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									
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons									
<b>b</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									
<b>c</b> Add lines 7a and 7b									
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support									
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
9 Amounts from line 6									
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources									
<b>b</b> Unrelated business taxable income									
(less section 511 taxes) from businesses acquired after June 30, 1975									
<b>c</b> Add lines 10a and 10b									
<b>11</b> 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.)									
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)									
<b>14 First 5 years.</b> If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organi	zation,			
check this box and stop here					·····				
Section C. Computation of Publ		•							
<b>15</b> Public support percentage for 2023 (			column (f))		15	%			
16 Public support percentage from 2022 Section D. Computation of Invest					16	%			
· · · ·		•	····· 10 ····· (1)						
17 Investment income percentage for 20					17	<u>%</u>			
<ul><li>18 Investment income percentage from</li><li>19a 33 1/3% support tests - 2023. If the</li></ul>					<b>18</b>	%			
more than 33 1/3%, check this box a									
						∟ % and			
	<b>b 33 1/3% support tests - 2022.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization								
20 Private foundation. If the organization			-		•				
332023 12-21-23		···- · · , · •	,			ule A (Form 990) 2023			
		1 -	-			- •			

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THE GLOBAL ORPHAN PROJECT, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

#### 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")? // "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?
- 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 disgualified 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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Schedule A (Form 990) 2023

		(FOITH 990) 2023				INCOMET,	THC.	01	007555	7 Pa	age
Par	t IV	Supporting Organiza	ations	(continued)							
										Yes	N
11	11 Has the organization accepted a gift or contribution from any of the following persons?										
а	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and										
	11c b	elow, the governing body of	a suppo	orted organiza	ition?				11a		

TNC

- **b** A family member of a person described on line 11a above?
- c 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.

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#### Section B. Type I Supporting Organizations

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? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization</i> (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, supervised, or controlled the supporting organization.

# Section C. Type II Supporting Organizations

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 evenested evenestication (a)	

# Section 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 <b>Part VI</b> how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). 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 <b>Part VI</b> the role the organization's	2		
	supported organizations played in this regard	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1 Check	k the box next to the met	thod that the organization	nused to satisfy the Inte	aral Part Test during the ve	ar (see instructions).
---------	---------------------------	----------------------------	---------------------------	------------------------------	------------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
---	--	---	-------------------------	-----------------	---------------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**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.** 

**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.* 

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17 2023.04030 THE GLOBAL ORPHAN PROJECT GO



Yes No

81-6070530

11b

11c

2

Yes No

Yes No

Schedule A (Form 990) 2023

Sche	edule A (Form 990) 2023 THE GLOBAL ORPHAN PROJEC			81-6079539 Page 6				
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.					
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
_2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
<u>a</u>	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
C	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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

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# Schedule A (Form 990) 2023 THE GLOBAL ORPHAN PROJECT, INC.

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1 41	Type in Non Tanetionally integrated book	(u)(u) oupporting orga		uea)	
Secti	on D - Distributions		· · ·		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
-	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets		-	4	
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
•	(provide details in <b>Part VI</b> ). See instructions.		8		
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ns	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023				PROJECT,		81-6079539 <sub>Page</sub>
Part VI	Supplemental Inf	ormation.	Provide the	explanations	required by Part I	L line 10: Part II, line	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V, additional information.
	(See instructions.)	nu o, anu Pa	TE V, SECTION	E, III es 2, 5, 8	ina o. Aiso compl	ere mis part for any	
332028 12-21-2	3				20		Schedule A (Form 990) 202
					4 V		

SCHEDULE	С
(Form 990)	

Department of the Treasury

Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organizatio	n				Emplo	yer identificati	on number
	THE GLO	BAL ORPHAN PROJE	CT, INC.			81-6079	539
Part I-A Cor	nplete if the org	ganization is exempt unde	er section 501(c)	or is a section 52	27 org	anization.	
2 Political campa	ription of the organiz aign activity expendit s for political campa						
Part I-B Cor	nplete if the org	ganization is exempt unde	er section 501(c)(	3).			
		incurred by the organization und			\$_		
2 Enter the amou	unt of any excise tax	incurred by organization manage	rs under section 4955		\$_		
		n 4955 tax, did it file Form 4720					No
4a Was a correcti	on made?					Yes	No No
<b>b</b> If "Yes," descri	be in Part IV.						
Part I-C Cor	nplete if the org	ganization is exempt unde	er section 501(c),	except section 5	501(c)(	(3).	
1 Enter the amou	unt directly expended	d by the filing organization for sec	tion 527 exempt funct	tion activities	\$_		
2 Enter the amou	unt of the filing orgar	nization's funds contributed to oth	ner organizations for se	ection 527			
exempt function	n activities				\$_		
3 Total exempt f	unction expenditures	s. Add lines 1 and 2. Enter here a	nd on Form 1120-POL,	2			
		<b>1120-POL</b> for this year?					No
made payment contributions r	s. For each organiza	mployer identification number (El tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provi	l from the filing organiz separate political orga	zation's funds. Also er anization, such as a se	ter the	amount of politi	ical
(a) ۱	Name	(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, ent	on's	(e) Amount of contributions re promptly and delivered to a political orga If none, en	eceived and d directly a separate anization.

Schedule C (Form 990) 2023

1

OMB No. 1545-0047

2023

Open to Public

Inspection

LHA 332041 11-06-23

Schedule C (Form 990) 2023	THE GLOI	BAL	ORPHAN PROJ	ECT, INC.	81-6	079539 Page 2
Part II-A Complete if the organized section 501(h)).	anization is	exen	npt under sectior	1 501(c)(3) and file	a Form 5768 (ele	ection under
A Check if the filing organizat expenses, and share	e of excess lob	bying e	expenditures).	Part IV each affiliated	group member's nam	e, address, EIN,
B Check if the filing organizat	tion checked b	ox A ar	nd "limited control" pro	visions apply.		Γ
	s on Lobbying litures" means		nditures Ints paid or incurred.)		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influ	ence public op	inion (g	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ	ence a legislat	ive bod	ly (direct lobbying)			
c Total lobbying expenditures (add lir	nes 1a and 1b)					
d Other exempt purpose expenditure	s					
e Total exempt purpose expenditures	s (add lines 1c	and 1d	)			
f Lobbying nontaxable amount. Ente	r the amount f	om the	e following table in both	n columns.		
If the amount on line 1e, column (a) or	r (b) is: 🔤 🦷	he lob	bying nontaxable am	ount is:		
not over \$500,000,	2	20% of	the amount on line 1e.			
over \$500,000 but not over \$1,000,	,000, \$	5100,00	00 plus 15% of the exc	ess over \$500,000.		
over \$1,000,000 but not over \$1,50	0,000, 9	6175,00	00 plus 10% of the exc	ess over \$1,000,000.		
over \$1,500,000 but not over \$17,0			0 plus 5% of the exce	ss over \$1,500,000.		
over \$17,000,000,		51,000,	000.			
g Grassroots nontaxable amount (ent		,				
h Subtract line 1g from line 1a. If zero						
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than zer		1h or	line 1i, did the organiza	ation file Form 4720		—
reporting section 4911 tax for this y						Yes No
(Some organizations th			eraging Period Under		f the five columne b	alow
(Some organizations th			ate instructions for lir	•		elow.
		-	nditures During 4-Yea			
I	Loppying					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2020		<b>(b)</b> 2021	(c) 2022	( <b>d</b> ) 2023	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2023

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#### THE GLOBAL ORPHAN PROJECT, INC.

#### Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	d description	(a	)	(k	<b>)</b>
of the lobbying activity.		Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, nati	onal, state, or				
local legislation, including any attempt to influence public opinion on a legis	slative matter				
or referendum, through the use of:					
a Volunteers?			X		
<b>b</b> Paid staff or management (include compensation in expenses reported on			Х		
c Media advertisements?			Х		
d Mailings to members, legislators, or the public?			Х		
e Publications, or published or broadcast statements?			Х		
f Grants to other organizations for lobbying purposes?			Х		
g Direct contact with legislators, their staffs, government officials, or a legisla	tive body?		Х		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any	similar means?		Х		
i Other activities?		Х			5,434
j Total. Add lines 1c through 1i				46	5,434.
2a Did the activities in line 1 cause the organization to not be described in sec			Х		
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers un					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 fo Part III-A Complete if the organization is exempt under sect					
Part III-A Complete if the organization is exempt under sect 501(c)(6).			,,	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by memb	aers?		1		
<ul> <li>2 Did the organization make only in-house lobbying expenditures of \$2,000 o</li> </ul>					
<ul> <li>Bid the organization make only innouse lobbying expenditules of \$2,000 0</li> <li>Did the organization agree to carry over lobbying and political campaign ac</li> </ul>					
Part III-B Complete if the organization is exempt under sect				tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 a answered "Yes."					3, is
1 Dues, assessments and similar amounts from members			1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not i	nclude amounts of politic	al			
expenses for which the section 527(f) tax was paid).					
a Current year			. 2a		
<b>b</b> Carryover from last year					
c Total					
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductib					
4 If notices were sent and the amount on line 2c exceeds the amount on line	3, what portion of the exce	ess			
does the organization agree to carryover to the reasonable estimate of non	deductible lobbying and po	litical			
expenditures next year?			4		
5 Taxable amount of lobbying and political expenditures. See instructions					
Part IV Supplemental Information			<u> </u>		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5	5; Part II-A (affiliated group	list); Part II-/	A, lines 1 ar	nd 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional infor	mation.				
PART II-B, LINE 1, LOBBYING ACTIVITIES:					
ENGAGED WITH A CONSULTANT TO PROVIDE LEGI	SLATIVE AND E	XECUTI	VE OF	FICE	
LEVEL CONSULTING AND LOBBYING SERVICES IN	THE STATES O	F OHIO	AND	TEXAS.	

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Schedule C (Form 990) 2023

332043 11-06-23

SCHEDULE D (Form 990)	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.
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.
Name of the organization	n
	THE GLOBAL ORPHAN PROJECT, INC.
Part I Organiza	tions Maintaining Donor Advised Funds or Other Similar Funds or A

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fun	ds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used o	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confer	ring
Par			, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education)	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a co	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			2b
С	Number of conservation easements on a certified historic st		2c
d	Number of conservation easements included on line 2c acqu	•	
•	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the organ	ization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting.		
U			on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation ea	sements during the year
-			
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)(B)(	i)
	-		
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	•	
	organization's accounting for conservation easements.	č	
Par		f Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 98	58, not to report in its revenue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furtheranc	e of public service,
	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		
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.	Schedule D (Form 990) 2023

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

25 2023.04030 THE GLOBAL ORPHAN PROJECT GO

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OMB No. 1545-0047

**Open to Public** 

Inspection Employer identification number 81-6079539

Sche	dule D (Form 990) 2023 THE GLO	BAL ORPHAN	PROJ	ECT, I	INC.			81-60			age <b>2</b>
Par	t III Organizations Maintaining C	Collections of Ar	t, Histoı	rical Tre	asures, o	r Othe	r Similaı	Assets	contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check a	any of the f	ollowing that	make s	ignificant ι	ise of its			
	collection items (check all that apply).										
а	Public exhibition	c	1 🗌 Lo	oan or exc	hange progra	am					
b	Scholarly research	e	• 🗌 0	ther							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how they	y further th	ne organizatio	on's exer	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, histo	orical treas	sures, or othe	er similar	assets		_		_
_	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran	•	ete if the or	rganizatior	n answered ""	Yes" on	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod		•						-		7
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	ole:					•		
									Amoun	t	
C	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
T Or	Ending balance										1
	Did the organization include an amount on F							∟	Yes		No ∣
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds Complete i										
		(a) Current year		or year	(c) Two year		(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance		(2) * **	or you.	(0)	o puon	(,	ouro suom	(0) ! 00	jouro	Juon
h	Contributions										
c c	Net investment earnings, gains, and losses										
d d	Grants or scholarships										
e	Other expenditures for facilities										
č	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1a.	column (a)	) held as:						
а	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 organiza	ation that a	are held ar	nd administer	ed for th	ne		-		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Sch	nedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fur	nds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	ed "Yes" on Form 990	D, Part IV, I	line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or c basis (investr		• •	or other (other)	• •	ccumulate preciation	ed	( <b>d)</b> Boo	k value	e
1a	Land										
b	Buildings			1,56	2,146.		297,30	58.	1,26	4,7'	78.
с	Leasehold improvements										
d	Equipment				9,845.		508,02			1,82	
	Other				5,145.		185,33			9,8	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X, line 10c</u>	c, column	<u>(B))</u>				2,20	6,40	19.

Schedule D (Form 990) 2023

332052 09-28-23

Schedule D	(Form 990) 2023	THE	GLOBAL	ORPHAN	PROJEC	Γ, INC.		81-6079539	Page 3
Part VII	Investments -	Other Se	ecurities						
	Complete if the orga	anization a	inswered "Yes"	on Form 990	, Part IV, line	11b. See Form 990, Part	X, line 12.		
(a) Descrip	tion of security or categ	Ory (including	g name of security)	(b) Boo	ok value	(c) Method of valua	tion: Cost o	or end-of-year market v	alue
. ,	held equity interests								
(3) Other									
(A)									
<u>(B)</u>									
(C)									
(D)									
(E)				-					
(F)									
(G)									
(H)									
Total. (Col. (I	<u>o) must equal Form 990</u>	, Part X, line	e 12, col. (B))						
Part VIII	Investments - I	Program	n Related.						
	Complete if the orga	anization a	inswered "Yes"	on Form 990	, Part IV, line	11c. See Form 990, Part	X, line 13.		
	(a) Description of	investmen	t	<b>(b)</b> Boo	ok value	(c) Method of valua	tion: Cost o	or end-of-year market v	alue
(1)									
(2)									
(3)									
(4)									
(5)									
<u>(6)</u>									
(7)									
(8)									
(9)									
Part IX	o) must equal Form 990 Other Assets	, Part X, line	e 13, col. (B))						
Fartin							V. Based F		
	Complete if the org	anization a			, Part IV, line	11d. See Form 990, Part	X, line 15.		
			(a)	Description				(b) Book va	lue
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	mn (h) must equal Fo	rm 990 Pa	art X line 15 co	o/ (B))					
Part X	Other Liabilitie	S		,,, (B))					
	Complete if the ora	anization a	nswered "Yes"	on Form 990	. Part IV. line	11e or 11f. See Form 990	). Part X. lir	ne 25.	
1		escription			, , .		, ,	(b) Book va	lue
1. (1) Fed	eral income taxes								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
Total. (Colu	mn (b) must eaual Fo	rm 990. Pa	art X. line 25. co	ol. (B))					
						the organization's financ		ents 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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_	dule D (Form 990) 2023 THE GLOBAL OKFHAN FROUECT,				
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn	
	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	21,404,419.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	-261,318.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	-261,318.
3	Subtract line <b>2e</b> from line <b>1</b>			3	21,665,737.
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	-180,518.		
С	Add lines 4a and 4b			4c	-180,518.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	21,485,219.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	n Expenses per F	letur	n
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	n Expenses per F		
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	n Expenses per F	letur 1	n 20,252,052.
	rt XII         Reconciliation of Expenses per Audited Financial Statemed           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	n Expenses per F		
1	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents With	n Expenses per F		
1 2	rt XII         Reconciliation of Expenses per Audited Financial Statemed           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	n Expenses per F		
1 2	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a 2b	n Expenses per F		
1 2	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c	n Expenses per F		20,252,052.
1 2 a b c	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	180,518.		20,252,052.
1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	180,518.	1	20,252,052.
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	180,518.	1 2e	20,252,052.
1 2 b c d e 3	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	180,518.	1 2e	20,252,052.
1 2 b c d 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	180,518.	1 2e	20,252,052. 180,518. 20,071,534.
1 2 b c d 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a 2b 2c 2d 2d	180,518.	1 2e 3 4c	20,252,052. 180,518. 20,071,534. 16,615.
1 2 d e 3 4 b c 5	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	180,518.	1 2e 3	20,252,052. 180,518. 20,071,534.

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.

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#### PART XI, LINE 2D - OTHER ADJUSTMENTS:

#### EQUITY IN EARNINGS OF FOREIGN PARTNERSHIP

#### PART XI, LINE 4B - OTHER ADJUSTMENTS:

#### SPECIAL EVENT EXPENSES

#### PART XII, LINE 2D - OTHER ADJUSTMENTS:

#### SPECIAL EVENT EXPENSES

### PART XII, LINE 4B - OTHER ADJUSTMENTS:

#### INTEREST EXPENSE

332054 09-28-23

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2023.04030 THE GLOBAL ORPHAN PROJECT GO\_\_\_\_1

180,518.

16,615.

-180,518.

-261,318.

#### THE CLODAL ODDUAN DOCTECT INC 000 0000

	(Form 990) 202
Dart VIII	Supplama

Fart Ain Supplemental information (continued)	
	Schedule D (Form 990) 2023
332055 09-28-23	

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SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ates -	OMB No. 1545-0047
(Form 990)			inswered "Yes" on Form 990, Part IV,			2023
Department of the Treasury			Attach to Form 990.		- F	Open to Public
Internal Revenue Service	Go to <sub>W</sub>	ww.irs.gov/Form	1990 for instructions and the latest i	nformation.	<b>–</b>	Inspection
Name of the organization					Employer I	dentification number
THE GLOBAL ORPH	IAN PROJE	CT, INC.			81-607	9539
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the orgar	nization answe	ered "Yes" on
Form 990, Part I						
•	0		ds to substantiate the amount of its gra the selection criteria used to award the		,	X Yes No
2 For grantmakers. Dese United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and of	ther assistance	e outside the
			an be duplicated if additional space is n			
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		ivity listed in (o ogram service,	· · · …
	in the region	agents, and independent	gram services, investments, grants to		e specific type	for and
		contractors in the region	recipients located in the region)	of service	e(s) in the regio	on investments in the region
		in the region				
			GRANTMAKING; PROGRAM			
EAST AFRICA		2	SERVICE	ORPHAN PREV	VENTION	1,330,430.
			GRANTMAKING; PROGRAM			
HAITI / DR				ORPHAN PREV	VENTION	2,378,742.
						_,,
			GRANTMAKING; PROGRAM			
INDIA		3	SERVICE	ORPHAN PREV	VENTION	299,498.
MIDDLE EAST			GRANTMAKING; PROGRAM SERVICE	ORPHAN PREV	/ENTTON	15,495.
2 a Subtatal	0	5				4,024,165.
<b>3 a</b> Subtotal <b>b</b> Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	5				4 024 165.

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

Schedule F (Form 990) 2023

LHA 332071 11-29-23

81-6079539

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

<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
	MALAWI	ORPHAN CARE	73,200.	WIRE TRANSFER	٥.		
	UGANDA	ORPHAN PREVENTION	1249430.	WIRE TRANSFER	٥.		
	DOMINICAN						
		ORPHAN CARE	60,585.	WIRE TRANSFER	0.		
	HAITI	PREVENTION	1712613.	WIRE TRANSFER	0.		
		ORPHAN CARE /					
	INDIA	PREVENTION	223,548.	WIRE TRANSFER	0.		
		ORPHAN CARE /					
	MIDDLE EAST	PREVENTION	13,995.	WIRE TRANSFER	0.		
	НАІТІ	ORPHAN PREVENTION	504,337.	WIRE TRANSFER	0.		
	τνίστα	ORPHAN CARE/PREVENTION	48 350	WIRE TRANSFER	0.		
	and EIN (if applicable)	and EIN (if applicable)          and EIN (if applicable)       MALAWI         MALAWI       UGANDA         UGANDA       DOMINICAN         REPUBLIC       HAITI         INDIA       MIDDLE EAST         HAITI       HAITI	and EIN (if applicable)  (C) Helgion  grant  grant  grant  mALAWI  oRPHAN CARE  UGANDA  oRPHAN PREVENTION  DOMINICAN REPUBLIC  oRPHAN CARE  ALITI  ORPHAN CARE / PREVENTION  ALITI  ORPHAN CARE / PREVENTION  ALITI  ORPHAN CARE / PREVENTION  ALITI  ALITI	and EIN (if applicable) (C) Hegion grant of cash grant MALAWI ORPHAN CARE 73,200. UGANDA ORPHAN PREVENTION 1249430. DOMINICAN REPUBLIC ORPHAN CARE 60,585. HAITI PREVENTION 1712613. NATIONAL PREVENTION 223,548. NIDIA PREVENTION 223,548. NIDDLE EAST PREVENTION 13,995.	and EIN ((f applicable) (C) Heiglon grant of Cash grant cash disbursement MALAWI ORPHAN CARE 73,200. WIRE TRANSFER UGANDA ORPHAN PREVENTION 1249430. WIRE TRANSFER DOMINICAN REPUBLIC ORPHAN CARE 60,585. WIRE TRANSFER ALTI ORPHAN CARE / PREVENTION 1712613. WIRE TRANSFER INDIA ORPHAN CARE / PREVENTION 223,548. WIRE TRANSFER ALTI ORPHAN CARE / PREVENTION 13,995. WIRE TRANSFER HAITI ORPHAN CARE / PREVENTION 504,337. WIRE TRANSFER	(c) Region       (c) Region       (c) State of grant       (c) Mathe of cash disbursement       noncash assistance         and EIN (if applicable)       MALAWI       DEPHAN CARE       73,200. WIRE TRANSPER       0.         MALAWI       DEPHAN CARE       73,200. WIRE TRANSPER       0.         DGANDA       ORPHAN PREVENTION       1249430. WIRE TRANSPER       0.         DOMINICAN       ORPHAN CARE       60,585. WIRE TRANSPER       0.         DOMINICAN       ORPHAN CARE       60,585. WIRE TRANSPER       0.         DOMINICAN       ORPHAN CARE /       1712613. WIRE TRANSPER       0.         NIDIA       ORPHAN CARE /       223,548. WIRE TRANSPER       0.         NIDIA       ORPHAN CARE /       13,995. WIRE TRANSPER       0.         NIDDLE EAST       ORPHAN CARE /       13,995. WIRE TRANSPER       0.         NIDDLE EAST       ORPHAN PREVENTION       504,337. WIRE TRANSPER       0.	(a) No basis basis       (c) Region       (c) No basis of an origination of cash grant       (c) Number of cash disbursement       noncash assistance         and EN (if applicable)       MALAWI       ORPHAN CARE       73,200, VIRE TRANSPER       0.         MALAWI       ORPHAN CARE       73,200, VIRE TRANSPER       0.         JGANDA       ORPHAN PREVENTION       1249430, WIRE TRANSPER       0.         DOMINICAN       ORPHAN CARE       60,585, VIRE TRANSPER       0.         DOMINICAN       ORPHAN CARE /       1712613, WIRE TRANSPER       0.         INDIA       ORPHAN CARE /       1712613, WIRE TRANSPER       0.         INDIA       ORPHAN CARE /       223,548, WIRE TRANSPER       0.         INDIA       ORPHAN CARE /       13,995, WIRE TRANSPER       0.         WIDDLE EAST       ORPHAN CARE /       13,995, WIRE TRANSPER       0.         HAITI       ORPHAN CARE /       13,995, WIRE TRANSPER       0.         HAITI       ORPHAN PREVENTION       504,337, WIRE TRANSPER       0.

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

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Page 2

Schedule F (Form 990)			PROJECT, INC.		81-60			Page <b>2</b>
Part II         Continuation o           1         (a) Name of organization	f Grants and Other A (b) IRS code section and EIN (if applicable)		tions or Entities Outside the (d) Purpose of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1 (g) Amount of non-cash assistance	) (h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		INDIA	ORPHAN CARE/PREVENTION	27 600	WIRE TRANSFER	0.		
				27,000.	WIRE INANSPER			

81-6079539

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
ORPHAN CARE	DOMINICAN REPUBLIC	1	11,829.	WIRE	0.		
ORPHAN CARE	ORPHAN CARE	1	7,800.	WIRE	0.		
ORPHAN CARE	ORPHAN CARE	1	89,379.	WIRE	0.		

Schedule F (Form 990) 2023

	Foreign Form		CLODIL	0111 1111	11001017	11101
Schedule F	F (Form 990) 2023	THE	GLOBAL	ORPHAN	PROJECT,	TNC.

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

Schedule F (Form 990) 2023

332074 11-29-23

Schedule F (Form 990) 2023	$\mathbf{THE}$	GLOBAL	ORPHAN	PROJECT,	INC.
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Ocriculic I		0 - 0	0, 3003	i ag
Part V	Supplemental Information			
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting	ig 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	ation. See i	nstructions.	

332075 11-29-23

15331001 152674 GO

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivit	ties	DMB No. 1545-0047
(Form 990)		e organization answered "Yes" on				r 19, o	or if the	2023
	0	rganization entered more than \$15 Attach to Form 990 o						Open to Public
Department of the Treasury Internal Revenue Service	Go te	o www.irs.gov/Form990 for instruc				າ.		Inspection
Name of the organization								ntification number
Part I Fundrais		BAL ORPHAN PROJECT					81-6079	
	complete this part	Complete if the organization answe	ered "Y	es" or	i Form 990, Part IV, li	ine 17.	. Form 990-E2	filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (or fL	mount paid retained by) undraiser ed in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
<ol> <li>List all states in whi or licensing.</li> </ol>	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is ex	kempt from re	gistration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

THE GLOBAL ORPHAN PROJECT, INC. 81-6079539 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 BIG EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
	1	Gross receipts	170,211.			170,211
	2	Less: Contributions	149,250.			149,250
	3	Gross income (line 1 minus line 2)	20,961.			20,961
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	40,640.			40,640
	7	Food and beverages	82,862.			82,862
	8	Entertainment				<u>11,450</u> 45,566
l	9	Other direct expenses				
L	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I				<u>180,518</u> -159,557
	rt I	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
Ι		\$13,000 0H F0HH 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (a
	1	Gross revenue				
	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
		Rent/facility costs				
	5		└── Yes% └── No	└── Yes % └── No	─ Yes % ─ No	
	<u>5</u> 6	Other direct expenses	No		No	
	5 6 7	Other direct expenses	<b>No</b>	□ No	No	
	5 6 7 8	Other direct expenses	n 5 in column (d)	□ No	No	
	5 6 7 8 Ent	Other direct expenses	No N	No	No	Yes N
	5 6 7 8 Ent	Other direct expenses	No N	No	No	Yes N
a b a	5 6 7 8 Is t If "	Other direct expenses	No No from line 1, column (d) from line 1,	states?	□ No	
a D	5 6 7 8 Is t If "	Other direct expenses	No No from line 1, column (d) from line 1,	states?	□ No	

11       Does the organization conclude gaming activities with nonmenters?       If vis the organization a gaming, checking or thuse of a partnership or other entity formed to administer charitable gaming?       If vis the organization gaming, checking or thuse of a partnership or other entity formed to administer charitable gaming?       If vis the organization gaming, checking or thuse or gaming is pecial events books and records:         Name	Schedule G (Form 990) 2023	THE GLOBAL	ORPHAN PROJECT	, INC.	81-6079539 Page 3
to administer charitable gaming?       Image: the presentage of gaming activity conducted in:       Image:	11 Does the organization conduct	gaming activities with n	onmembers?		Yes No
13       Indicate the percentage of gaming activity conducted in:       13a       13b       96         14       The organization's facility       13b       96         14       Enter the name and address of the person who prepares the organization's gaming/special events books and records:         Name	12 Is the organization a grantor, be	eneficiary or trustee of a	trust, or a member of a partne	rship or other entity formed	
13       Indicate the percentage of gaming activity conducted in:       13a       13b       96         14       The organization's facility       13b       96         14       Enter the name and address of the person who prepares the organization's gaming/special events books and records:         Name	to administer charitable gaming	g?			Yes No
b An outside facility	13 Indicate the percentage of gam	ning activity conducted in	n:		
14       Enter the name and address of the person who prepares the organization's gaming/special events books and records:         Name	<b>a</b> The organization's facility				<b>13</b> a %
Name	<b>b</b> An outside facility				<b>13b</b> %
Address	<b>14</b> Enter the name and address of	the person who prepare	es the organization's gaming/sp	pecial events books and reco	ords:
Address					
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?       I Yes   No         b If Yes," enter the amount of gaming revenue received by the organization       \$	Name				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?       I Yes   No         b If Yes," enter the amount of gaming revenue received by the organization       \$	Address				
b if Yes, 'enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party: \$ and the amount of gaming revenue retained by the third party:   Name					
of gaming revenue retained by the third party \$	<b>15a</b> Does the organization have a c	ontract with a third party	y from whom the organization r	receives gaming revenue?	Yes No
of gaming revenue retained by the third party \$					
c If Yes, enter name and address of the third party:				and the a	imount
Name         Address         16         Gaming manager information:         Name         Gaming manager compensation         S					
Address         16       Gaming manager information:         Name	<b>c</b> If "Yes," enter name and addre	ss of the third party:			
Address         16       Gaming manager information:         Name	Nama				
16 Gaming manager information:         Name         Gaming manager compensation \$					
Name         Gaming manager compensation       \$	Address				
Name         Gaming manager compensation       \$					
Gaming manager compensation       \$	<b>16</b> Gaming manager information:				
Gaming manager compensation       \$					
Description of services provided Director/officer Employee Independent contractor  10 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming locense? Tyes No Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Name				
Description of services provided Director/officer Employee Independent contractor  10 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming locense? Tyes No Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Gaming manager compensatio	n ¢			
Director/officer Employee Independent contractor  Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.  Schedule G (Form 990) 2023	Carning manager compensatio	Π Ψ			
17       Mandatory distributions:         a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?       Image: Comparization required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$         Part IV       Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.         15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.         2000	Description of services provide	d			
17       Mandatory distributions:         a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?       Image: Comparization required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$         Part IV       Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.         15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.         2000					
17       Mandatory distributions:         a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?       Image: Comparization required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$         Part IV       Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.         15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.         2000					
17       Mandatory distributions:         a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?       Image: Comparization required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$         Part IV       Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.         15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.         2000					
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 32008 09-18-23 Schedule G (Form 990) 2023			independent cont	tractor	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 32008 09-18-23 Schedule G (Form 990) 2023	17 Mandatory distributions:				
retain the state gaming license?       Yes       No         b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$       Image: Comparison of the explanation of the explanating of the explanation of the explanation of		der state law to make ch	aritable distributions from the	gaming proceeds to	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		8			Yes No
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.					
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.					
332083 09-13-23 Schedule G (Form 990) 2023					v); and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b,	as applicable. Also prov	vide any additional information.	See instructions.	
	332083 09-13-23		38		Schedule G (Form 990) 2023

Schedule G	a (Form 990)
Part IV	Sunnlar

Part IV Supplemental information (continued)		
		Schedule G (Form 990)
332084 04-01-23	39	

SCHEDULE I	G	arants and Oth	ner Assistan	ce to Organ	izations,		OMB No. 1545-0047	
(Form 990)	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 Attach to Form 990.								
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Inspection								
Name of the organization THE GLOBA	L ORPHAN	PROJECT, IN	с.				Employer identification number 81-6079539	
Part I General Information on Grants a	nd Assistance							
<b>1</b> Does the organization maintain records t								
criteria used to award the grants or assis	tance?						X Yes No	
2 Describe in Part IV the organization's pro								
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
BEAUTIFUL REDEMPTION								
PO BOX 33								
PALMER LAKE, CO 80133	47-3730396	501C3	32,500.	0.			FAMILY STRENGTHENING	
JUSTICE FOR ORPHANS 38 FARES RD								
RAVENA, NY 12143	47-5472441	501C3	52,921.	0.			FAMILY STRENGTHENING	
BENNETT CHAPEL FAMILY OUTREACH CENTER - PO BOX 1147 - CENTER, TX 75935	31-1707621	501C3	36,916.	0.			FAMILY STRENGTHENING	
HARVEST FAMILY LIFE PO BOX 64								
BROWNWOOD, TX 76801	90-0111732	501C3	78,300.	0.			FAMILY STRENGTHENING	
LEAD.NYC 2 WASHINGTON ST, FLOOR 20 NEW YORK, NY 10004	20-8991671	501C3	101,244.	0.			FAMILY STRENGTHENING	
PATRICK HENRY FAMILY SERVICES OPERATIONS - 1621 ENTERPRISE DRIVE								
- LYNCHBURG, VA 24502	84-5148802		159,835.	0.			FAMILY STRENGTHENING	
2 Enter total number of section 501(c)(3) ar		•	e line 1 table				26.	
3 Enter total number of other organizations	s listed in the line							

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

### Schedule | (Form 990) THE GLOBAL ORPHAN PROJECT, INC.

81-6079539 Page 1

Schedule I (Form 990) THE GLOBA	L ORPHAN	PROJECT, IN	L.				51-60/9559 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ICARE VILLAGE OF HOPE, INC.							
3400 WOODLAND AVE							
KANSAS CITY, MO 64109	82-4273513	501C3	12,000.	0.			FAMILY STRENGTHENING
PROMISE686, INC. 19 HOLCOLM BRIDGE ROAD							
NORCROSS, GA 30071	27-0427930	501C3	95,833.	0.			FAMILY STRENGTHENING
111 PROJECT, INC. PO BOX 54973							
OKLAHOMA CITY, OK 73154	46-1782778	501C3	47,750.	0.			FAMILY STRENGTHENING
FATHER'S HEART 8405 PULSAR PLACE, STE 200 COLUMBUS, OH 43240	31-4393340	50103	30,000.	0.			FAMILY STRENGTHENING
	51 1555510	50105					
BROWN MEMORIAL TEMPLE COMMUNITY DEVELOPMENT CENTER - 383 N MAIN							
STREET - POMONA, CA 91768	89-0895944	501C3	9,500.	0.			FAMILY STRENGTHENING
FOSTERING FAMILY MINISTRIES PO BOX 128							
SAVANNAH, OH 44874	81-2690365	501C3	25,000.	0.			FAMILY STRENGTHENING
HORIZONS INTERNATIONAL PO BOX 18478							
BOULDER, CO 80308	84-1141776	501C3	164,210.	0.			FAMILY STRENGTHENING
TITUS FOUNDATION MINISTRY							
2701 E. SOURWOOD DR.							
GILBERT, AZ 85298	87-3947208	501C3	15,000.	0.			FAMILY STRENGTHENING
HANDS OF HOPE ADOPTION AND ORPHAN							
CARE MINISTRY, INC - 14350 MUNDY							
DR, SUITE 800 #119 - NOBLESVILLE,							
IN 46060	30-0616938	501C3	32,500.	٥.			FAMILY STRENGTHENING

### THE GLOBAL ORPHAN PROJECT, INC.

81-	-6079539	Page 1
ΟT	0075555	Page I

		PROJECT, IN		. (0.1			81-6079539 Pag
Part II         Continuation of Grants and Other A           (a) Name and address of organization or government	Assistance to Dor (b) EIN	(c) IRC section (c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	dule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	rt II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEHEMIAH FOUNDATION 516 N LIMESTONE ST 3RD FLOOR SPRINGFIELD, OH 45503	31-1371691	501C3	37,500.	0.			FAMILY STRENGTHENING
ARKANSAS FAMILY ALLIANCE 3404 S. 28TH ST. FORT SMITH, AR 72901	82-0729770	501C3	30,000.	0.			FAMILY STRENGTHENING
YOUTH CORE MINISTRIES 211 EAST GARFIELD GREENSBURG, KS 67054	82-1252813	501C3	11,625.	0.			FAMILY STRENGTHENING
KINGDOM COMMUNITY CENTER, CDC 7701 HWY 51 N SOUTH HAVEN, MS 38671	85-1069160	501C3	76,000.	0.			FAMILY STRENGTHENING
RESTORED CHURCH 74 SOUTH MEADE ST VILKES-BARRE, PA 18702	45-5419405	501C3	22,000.	0.			FAMILY STRENGTHENING
GHORELINE CHURCH LLC 9635 WESTLAND DR KNOXVILLE, TN 37922	45-5022955	501C3	26,457.	0.			FAMILY STRENGTHENING
ATALYTIC CONSULTING NYC LLC 940 MERRICK ROAD #406 MASSAPEQUA PARK, NY 11762	27-0286366	501C3	35,000.	0.			FAMILY STRENGTHENING
EVERY CHILD INC PO BOX 114 AMHERST, NY 14051	88-3106443	501C3	15,000.	0.			FAMILY STRENGTHENING
HEART OF THE BRIDE MINISTRIES INC. 111 BAILEY DRIVE STE 1 NICEVILLE, FL 32578	74-2848196	501C3	14,430.	0.			FAMILY STRENGTHENING

# Schedule I (Form 990) THE GLOBAL ORPHAN PROJECT, INC. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

Т

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MBCH CHILDREN AND FAMILY MINISTRIES – 11300 ST. CHARLES ROCK ROAD – BRIDGTON, MO 63044	43-1948009	501C3	50,000.	0.			FAMILY STRENGTHENING
RADICAL LIFE INC 1230 ROAD 140 EMPORIA, KS 66801	93-3871563	501C3	10,775.	0.			FAMILY STRENGTHENING

Т

Page 2

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>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PAMILY STRENGTHENING	8918	2,364,736.	0.		
SCHOLARSHIP	1	40,693.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE L	

### (Form 990)

Part I

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
0000	\ \

**Open to Public** 

Inspection

ZUZJ

Department of the Treasury Internal Revenue Service

Name of the organization

### CLOBAL ORPHAN PROTECT INC

Employer identification number 81 - 6079539

THE GLUBAL	ORPHAN	PROJECT,	INC.	00-10
<b>Excess Benefit Transactions</b>	(section 50	1(c)(3), section 50	1(c)(4), and section	501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1		(b) Relationship between disqualified			(d) Cor	rected?
	(a) Name of disqualified person	person and organization	(c) Description of transaction		Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
2	Enter the amount of tax incurred by	the organization managers or disqualifie	d persons during the year under			
	section 4958			\$		
3	Enter the amount of tax, if any, on li	ine 2, above, reimbursed by the organiza	tion	\$		
(6) 2	Enter the amount of tax incurred by section 4958	· · · ·		\$ \$		

### Part II Loans to and/or From Interested Persons

m T T T

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization			<b>(e)</b> Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total			 		\$							

### Part III Grants or Assistance Benefiting Interested Persons

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

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

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

Schedule L (Form 990) 2023

1

THE GLOBAL ORPHAN PROJECT, INC. 81-6079539 Page 2

### Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

		Yes	No
600.GT	LOBAL ORPH		Х
206.GI	LOBAL ORPH		Х
966.IN	NTERESTED		Х
980.IN	NTERESTED		Х
346.IN	NTERESTED		Х
805.IN	NTERESTED		Х
907.IN	NTERESTED		Х
000.ТН	HE GLOBAL		Х
(	)00.T	000. THE GLOBAL	JOO. THE GLOBAL

| Part V | Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: AARON BLAKE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER OFFICER OF ANOTHER NONPROFIT THAT DOES BUSINESS WITH GOP

(D) DESCRIPTION OF TRANSACTION: GLOBAL ORPHAN PROJECT PAID MONEY TO

NON-PROFIT, HARVEST FAMILY LIFE, FOR ADVISORY AND OTHER SERVICES

PRIMARILY RELATED TO URBAN MINISTRY ENGAGEMENT.

(A) NAME OF PERSON: JONATHAN CASSAT

(D) DESCRIPTION OF TRANSACTION: GLOBAL ORPHAN PROJECT CONTRACTED FOR

CONSULTING SERVICES DURING YEAR OF TRANSITION.

(A) NAME OF PERSON: ALEX BLAKE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: INTERESTED PERSON IS A W2 EMPLOYEE OF

46

THE GLOBAL ORPHAN PROJECT

(A) NAME OF PERSON: DEREK NELSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

Schedule L (Form 990) 2023

332132 11-30-23

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

#### FAMILY MEMBER OF BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: INTERESTED PERSON IS A W2 EMPLOYEE OF

### THE GLOBAL ORPHAN PROJECT

Part V Supplemental Information

(A) NAME OF PERSON: KALI NELSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: INTERESTED PERSON PROVIDES EVENT

PLANNING SERVICES TO THE GLOBAL ORPHAN PROJECT AS A

1099 CONTRACTOR.

(A) NAME OF PERSON: MICKELLE FOX

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: INTERESTED PERSON PROVIDES DIGITAL

MARKETING SERVICES TO THE GLOBAL ORPHAN PROJECT AS

A 1099 CONTRACTOR.

(A) NAME OF PERSON: MADISON MITCHELL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: INTERESTED PERSON IS A W2 EMPLOYEE OF

THE GLOBAL ORPHAN PROJECT

(A) NAME OF PERSON: NORTHPOINT FELLOWSHIP PROPERTIES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BUSINESS OWNED BY BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: THE GLOBAL ORPHAN PROJECT PAID MONEY TO

Schedule L (Form 990)

1

332461 04-01-23

47 3 04030 mi Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

### NFP FOR UTILIZATION OF FACILITIES AND PROPERTY

### FOR STRATEGIC DONOR DEVELOPMENT AND RELATED GO PROJECT EVENT COSTS

### INCLUDING MAINTENANCE AND UPKEEP OF SAID PROPERTY.

Schedule L (Form 990)

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SCHED	ULE	Μ
(Form 9	90)	

Department of the Treasury Internal Revenue Service

## **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Inspection

2

Employer identification number

81-6079539

23

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

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

Name of the organization

### THE GLOBAL ORPHAN PROJECT, INC.

Par	TTI I Types of P	roperty							
			(a)	(b)	(c)	(d)			
			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	
			applicable		Form 990, Part VIII, line 1g	noncash contribu	tion ame	ounts	5
1	Art - Works of art								
2		ires							
3		sts							
4		ons							
5		old goods							
6		les							
7									
8									
9		raded	X	3	545,229.	FAIR MARKET	VAL	UE	
10		eld stock							
11	Securities - Partnersh								
	trust interests								
12		eous							
13	Qualified conservation								
	Historic structures								
14	Qualified conservation	on contribution - Other							
15	Real estate - Residen	ntial							
16	Real estate - Comme	rcial							
17	Real estate - Other								
18	Collectibles								
19									
20		upplies							
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24		ts							
25	Other ( <b>EQUI</b>	PMENT AND M	X	1	10,763.	FAIR MARKET	VAL	UE	
26	Other (	)							
27	Other (	)							
28	Other (	)							
29		83 received by the organi							
	for which the organiz	ation completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							'	Yes	No
30a	During the year, did t	the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least	t 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for			
		the entire holding period	?				30a		
b	,	arrangement in Part II.							
31	-			-	of any nonstandard contribut	ions?	31		<u> </u>
32a		•		•	cit, process, or sell noncash				v
-							32a		X
b	If "Yes," describe in I				for a line of the second second second				

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M	(Form 990) 2023	THE	GLOBAL	ORPHAN	PROJECT,	INC.	81-6079539	Page <b>2</b>
Part II	Supplementa is reporting in Par this part for any a	l Inforr t I, colun	mation. Pro	wide the inform nber of contrib	nation required by outions, the numb	r Part I, lines er of items re	30b, 32b, and 33, and whether the organiz eceived, or a combination of both. Also cor	ation nplete
332142 09-11-2	23						Schedule M (For	m 990) 2023
					50			

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.



Department of the Treasury Internal Revenue Service Name of the organization

THE GLOBAL ORPHAN PROJECT, INC. 81-6079539

#### FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND THE LOVE OF JESUS.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS MICHAEL AND ELIZABETH FOX ARE HUSBAND AND WIFE. OFFICERS

BETHANY BEZANSON AND JESSICA RAY ARE SIBLINGS

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

THE 990 IS PREPARED BY AN INDEPENDENT CPA FIRM BASED UPON AUDITED FINANCIAL

STATEMENTS. THE BOARD RECIEVES A COPY OF THE FORM 990 ELECTRONICALLY BEFORE

FILING IS APPROVED.

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

THE ORGANIZATION ADDRESSES ITS CONFLICT OF INTEREST POLICY ANNUALLY AND

MONITORS COMPLIANCE REGULARLY.

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

COMPENSATION OF THE CEO IS REVIEWED AND APPROVED BY INDEPENDENT BOARD

MEMBERS.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST, OTHER WEBSITES, AND ON

THE ORGANIZATION'S WEBSITE.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

Schedule O (Form 990) 2023

1

ame of the organization			Employer identification numb 81-6079539
TH	E GLOBAL ORPI	HAN PROJECT, INC.	81-6079539
QUITY OF EARNING	GS OF FOREIGN	I PARTNERSHIP	-261,318.

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### SCHEDULE R

(Form 990)

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 81 - 6079539

Department of the Treasury Internal Revenue Service

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

Name of the organization

### THE GLOBAL ORPHAN PROJECT, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	Legal domicile (state or Total income		(f) Direct controlling entity
THE GO EXCHANGE, LLC - 46-1084747					
3161 WYANDOTTE ST.					THE GLOBAL ORPHAN
KANSAS CITY, MO 64111	SEE PROGRAM DESCRIPTION	MISSOURI	2,293,657.	2,016,004.	PROJECT, INC.
CAREPORTAL, LLC - 93-3637637					
3161 WYANDOTTE ST.					THE GLOBAL ORPHAN
KANSAS CITY, MO 64111	SEE PROGRAM DESCRIPTION	MISSOURI	0.	0.	PROJECT, INC.
	_				
	_				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	Section 5 contr ent	olled
				501(c)(3))		Yes	No

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

### Schedule R (Form 990) 2023 THE GLOBAL ORPHAN PROJECT, INC.

81-6079539 Page 2

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?			al or Percentage <sup>ing</sup> ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	lo
											<u> </u>
	1										
	1										

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)				400010		Yes	No

### Schedule R (Form 990) 2023 THE GLOBAL ORPHAN PROJECT, INC.

### Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
с	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
0	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		<u> </u>
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
<u> </u>	Other transfer of cash or property from related organization(s)	1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

### Schedule R (Form 990) 2023 THE GLOBAL ORPHAN PROJECT, INC.

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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501( org	e) all rs sec. c)(3) s.?	<b>(f)</b> Share of total		(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne	al or Po jing er? 0	<b>(k)</b> ercentage ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes I	<u>10</u>	
												+	
												+	

### THE GLOBAL ORPHAN PROJECT, INC. 81-6079539 Page 5

rt	V	1		Supplemental Information
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Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2023

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