## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

**Open to Public** 

	For the	2023 calend	dar year, or tax year beginning , 2023, and ending	1		, 20		
В	•	applicable:	C Name of organization Overture Outreach International		D Emplo	oyer identification number		
П	Address		Doing business as Overture International			747699		
$\Box$	Name ch					none number		
$\overline{\Box}$	Initial ret	•	PO Box 16045			)870-5723		
$\overline{\Box}$		ırn/terminated	City or town, state or province, country, and ZIP or foreign postal code		•	<i>,</i>		
$\overline{\Box}$	Amende		High Point, NC 27261		<b>G</b> Gross	receipts \$1,266,952.		
$\overline{\Box}$		on pending	F Name and address of principal officer:			or subordinates? Yes X No		
			Frank Irr, PO Box 16045, High Point, NC 27261	t	subordinates included? Yes No			
ı	Tax-exe	mpt status:	▼ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527	If "No," at	attach a list. See instructions.			
J	Website	: www.o	verture.international	H(c) Group ex	emption	number		
K	Form of o		Corporation Trust Association Other L Year of format	tion: 2017	M State	of legal domicile: NC		
P	art I	Summa	ry	·				
	1	Briefly des	cribe the organization's mission or most significant activities: Overture	International's mi	ssion is	to empower Haitian families		
G		and the	ir communities to be active and engaged in bui	lding full	- ,			
Jan		hopeful	and independent lives.					
Activities & Governance	2	Check this	box $\square$ if the organization discontinued its operations or disposed of	more than 25	% of it	s net assets.		
Ĝ	3	Number of	voting members of the governing body (Part VI, line 1a)		3	6		
∞ŏ	4	Number of	independent voting members of the governing body (Part VI, line 1b)		4	4		
ţį	5	Total numb	per of individuals employed in calendar year 2023 (Part V, line 2a) .		5	0		
ξij	6	Total numb	per of volunteers (estimate if necessary)		6	20		
A	7a		,		7a	0.		
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 11		7b	0.		
			Prior Year		Current Year			
e	8	Contribution	659.	1,262,793.				
enc	9		ervice revenue (Part VIII, line 2g)		0.			
Revenue	10	Investment			4,159.			
_	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
	12	_	ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,173,		1,266,952.		
	13		I similar amounts paid (Part IX, column (A), lines 1–3)	1,890,	819.	1,031,824.		
	14		aid to or for members (Part IX, column (A), line 4)					
es	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)	101,	259.	126,000.		
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)					
Ϋ́	_ b		raising expenses (Part IX, column (D), line 25) 104,142.			25.4.500		
_	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	323,		254,588.		
	18	•	nses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	2,315,		1,412,412.		
o	19	Revenue le	ess expenses. Subtract line 18 from line 12	-142,		-145,460.		
Net Assets or Fund Balances	20	Total accet	<del>-</del>	Beginning of Curre		End of Year		
Asse Bak	20 21		s (Part X, line 16)	491,	767.	291,719. 18,171.		
und	22		or fund balances. Subtract line 21 from line 20	419,		273,548.		
D.	art II		re Block	410,	000.	273,340.		
			I declare that I have examined this return, including accompanying schedules and state	ments and to the	hest of i	my knowledge and helief it is		
			e. Declaration of preparer (other than officer) is based on all information of which prepare			my knowledge and belief, it is		
				0.7	/15/2	2024		
Sig	gn	Signature of	officer / /	Date	/ 13 / 2	1021		
He		Frai	nk Irr, Treasurer					
			name and title					
_		Print/Type	preparer's name   Preparer's signature   Da	ate	Check	if PTIN		
Pa		Tida T			self-emp			
	epare	F:		Firm's	EIN '	20-5380640		
US	e Onl	Firm's add				36)681-0447		
Ма	y the IF		this return with the preparer shown above? See instructions			. X Yes No		

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Part	·
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Overture International's mission is to empower Haitian families
	and their communities to be active and engaged in building full,
	hopeful and independent lives.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
	· · · · · · · · · · · · · · · · · · ·
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	and total expenses, and revenue, if any, for each program estimate reported.
4a	(Code: ) (Expenses \$ 651,470. including grants of \$ 29,975.) (Revenue \$ 620,320.)
Ta	Campus in Les Cayes (Education, Nutrition, Healthcare)
	The campus in Les Cayes offers opportunities for many vital programs and support to both children and their families with
	the ultimate goal of keeping the family unit together. During 2023:
	100+ farmers earned income through OOI's Nutrition programs.
	200,000 meals were packaged through Diri Lavi program - 22,000 meals were provided to kids in crisis care.
	1,000+ students attended the campus school and employed 70+ teachers.
	The permenant Medical Clinic served 3,000+ community members.
	Community Domes on the campus provide emergency shelter, food storage, meeting spaces and other community services.
	Community Domes on the campus provide emergency sherter, room storage, meeting spaces and other community services.
4b	(Code: ) (Expenses \$ 372,720. including grants of \$ 145,405.) (Revenue \$ 526,437.)
	Empowerment Programs:
	Overture's social support model empowers Haitians of all ages at the
	individual, family and community levels toward independence and
	self-sufficiency. The model encourages community parternerships
	and supports locally-driven services that enable families to meet
	the basic needs of their children: education, nutrition, healthcare, empowerment programs
	and housing (housing is included below in community development).
	During 2023: 13 communities were served with child protection and family preservation training, 3008 children attended psychosocial activities,
	00I, in partnership with Haiti's child welfare agency, IBESR, began community
	education on the foster care system, assessed more than 50 volunteer families ready to receive children.
	See Part III, Ln 4b statement
4c	(Code:) (Expenses \$258,609. including grants of \$100,000.) (Revenue \$116,035.)
	Housing, Community Development, and Disaster Response:
	Overture builds strong homes for families, purchasing from local vendors and creating
	local jobs. Southern Haiti was devasted by a 7.2 magnitude earthquake
	in August 2021 damaging or destroying more than 140k homes and leaving
	approx. 650k people in need of humanitarian assistance.
	By the end of 2023, construction was completed on 182 new homes since vulnerable communities -
	the earthquake; 488 individuals received skills training and work from projects;
	and 148 individuals were employed to support other OOI programs.
A -1	Other pregram comitees (Describe on Schedule O.)
40	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses 1,282,799.

	50 (2023)			age
Part	IV Checklist of Required Schedules		Vaa	Na
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	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
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		×
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a	×	
	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	×	
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	×	
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		×
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		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		×
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		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	, , , , , , , , , , , , , , , , , , , ,	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		×

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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			
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	23		×
b	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		×
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception?	24c		
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, 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? <i>If</i> "Yes," complete Schedule L, Part IV	28a		×
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
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		×
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule $M$	30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		×
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		×
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		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		×
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance 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 0			
b c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
-	reportable gaming (gambling) winnings to prize winners?	10		

Part	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 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	×				
b	If "Yes," enter the name of the foreign country HA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
	and services provided to the payor?	7a		×			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		×			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		×			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		×			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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:  Initiation fees and capital contributions included on Part VIII, line 12						
a b	Initiation fees and capital contributions included on Part VIII, line 12	-					
11	Section 501(c)(12) organizations. Enter:	-					
a	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources	1					
	against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which						
С	the organization is licensed to issue qualified health plans	-					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		×			
	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		×			
	If "Yes," complete Form 4720, Schedule O.						
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		×			
	If "Yes," complete Form 6069.						

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.			
Secti	on A. Governing Body and Management						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6		Yes	No			
	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 2	Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		<u> </u>			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×			
6	Did the organization have members or stockholders?	6		×			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		<b>,</b>			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		×			
а	The governing body?	8a	×				
b	Each committee with authority to act on behalf of the governing body?	8b	×				
9	9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)				
			Yes	No			
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		<u>×</u>			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×				
b b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12b	×				
13	Did the organization have a written whistleblower policy?	12c	×				
14	Did the organization have a written document retention and destruction policy?	14	×				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	×				
b	Other officers or key employees of the organization	15b	×				
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
b	with a taxable entity during the year?	16a		×			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Secti	on C. Disclosure	. 320					
17 18	List the states with which a copy of this Form 990 is required to be filed NC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Γ (sec	tion 5	501(c)			
19	☑ Own website ☐ Another's website ☑ Upon request ☐ Other <i>(explain on Schedule O)</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,			
20	State the name, address, and telephone number of the person who possesses the organization's books and re Lisa Hyatt, 7858 Clinard Farms Rd, High Point, NC 27265 (336)870-5723	cords.					

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

#### 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.

Uneck this box if neither the organization no	r any relate	a org	anız	atic	n c	ompe	ensa	ited any current	officer, director,	or trustee.
				(0	C)					
(A)	(B)	(B)			ition			(D)	(E)	(F)
Name and title	Average hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)				is both or/trus	n an tee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Cameron Parker	10.00									
Chairman				×				0.	0.	0.
(2) Lisa Hyatt Executive Director	40.00	×			×			0.	66,000.	0.
(3) Maxo Fontaine Board Member	40.00	×						0.	0.	22,000.
(4) Frank Irr Treasurer	10.00			×				0.	0.	0.
(5) Nathalie Amyotte Secretary	20.00			×				0.	0.	0.
(6) Enel Andre Board Member	40.00	×			×			0.	60,000.	0.
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n box, office or directo	ot ch	Pos neck ss pe	c) ition more	e than of the sortrus Highest compensated employee	one n an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportate compensa from relate organizations 1099-NE	ble tion ted s (W-2/	Estimate of compe fror organiz	(F) ed amount other ensation in the ation and ganizations
(15)							8						
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c	Subtotal	VII, Sectio	ion A						0.	126,0			
d	Total (add lines 1b and 1c)	not limited							0 . ho received mor	126,0 e than \$10			22,000.
3 4 5 <u>Section</u> 1	Did any person listed on line 1a receive of for services rendered to the organization on B. Independent Contractors  Complete this table for your five high compensation from the organization. Report	officer, direschedule Je sum of regreater that it is a constant of the compensation of	portal portal an \$1 compe compl	ole (150, nsatete	indi com 000 tion Sch	ividu nper nper inper from pedu eper	nsation sation f "Ye many ule Ji	on a s," un for s	nd other compete complete Scheological Scheo	nsation from dule J for tion or individual materials.	m the such vidual ore to	3 4 5 than \$10 ization's	tax year.
	Name and business add	ress							Description of sen	vices	(	Compensa	tion
2	Total number of independent contractor received more than \$100,000 of compens						ed to	th	ose listed abov	e) who			

# Part VIII Statement of Revenue Check if Schedule O contain

rait		Check if Schedule O contains a respons	se or note to ar	ny line in this Pa	art VIII		$\sqcap$
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
, Gr	С	Fundraising events 1c					
ifts, ar A	d	Related organizations 1d					
s, G mil	e	Government grants (contributions) 1e					
ons r Sii	f	All other contributions, gifts, grants, and similar amounts not included above					
outi the	<b>a</b>	Noncash contributions included in	1,262,793.				
ıtrik	g	lines 1a–1f 1g	58,123.				
Son	h	<b>Total.</b> Add lines 1a–1f		1,262,793.			
		Total Add lines to the control of th	Business Code	1,202,755.			
Ce	2a						
Program Service Revenue	b						
gram Ser Revenue	С						
am eve	d						
ogr R	е						
Pr	f	All other program service revenue					
	<u>g</u>	<b>Total.</b> Add lines 2a–2f					
	3	other similar amounts)			0.	0	0
	4	Income from investment of tax-exempt bon		0. 4,159.	4,159.	0.	0.
	5	Royalties	-	4,139.	4,139.	0.	0.
		(i) Real	(ii) Personal				
	6a	Gross rents 6a	.,				
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
_	L .	other than inventory 7a					
evenue	D	Less: cost or other basis and sales expenses . 7b					
Ver	С	and sales expenses . 7b  Gain or (loss) 7c					
Œ		Net gain or (loss)					
Other		Gross income from fundraising					
ğ	Ou	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 <b>8a</b>					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising even	its				
	9a	Gross income from gaming					
		activities. See Part IV, line 19					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities  Gross sales of inventory, less					
	104	returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventor	y				
<u>s</u>			Business Code				
eon	11a						
scellaneo Revenue	b						
cell	С						
Miscellaneous Revenue	d	All other revenue					
		Total. Add lines 11a–11d		1 066 353	4 1 5 6		
	12	<b>Total revenue.</b> See instructions		1,266,952.	4,159.	0.	0.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) Program service Management and 8b. 9b. and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 1,031,824. 1,031,824. Benefits paid to or for members . . . . Compensation of current officers, directors, trustees, and key employees . . . . . 126,000. 102,000. 12,000. 12,000. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 0. 0. 0. 0. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . . 9 10 11 Fees for services (nonemployees): 52,459. 29,459. 12,000. 11,000. Legal . . . . . . . . . . . . . . . Accounting . . . . . . . . . . . . Lobbying . . . . . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . 12 Advertising and promotion . . . . . . 158,381. 78,745. 178. 79,458. 13 Office expenses . . . . . . . . 14 Information technology . . . . . . 3,679. 3,679. 0. 0. 15 Royalties . . . . . . . . . . . . 16 22,028. 21,473. 555. 17 0. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates . . . . . . . . 22 Depreciation, depletion, and amortization . 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 0. a Foreign Tax Registration 7,758. 7,758. 0. Utilities 2,124. 1,093. 1,031. 0. 0. c Bank Fees 5,067. 4,905. 162. Due & Subscriptions 3,092. 1,863. 100. 1,129. All other expenses 25 **Total functional expenses.** Add lines 1 through 24e 1,412,412. 1,282,799. 25,471. 104,142. 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)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	τχ		<u> </u>
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	338,658.	1	154,602.
	2	Savings and temporary cash investments	103,118.	2	51,617.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	17,200.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
şts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	68,300.
4	9	Prepaid expenses and deferred charges	50,000.	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	491,776.	16	291,719.
	17	Accounts payable and accrued expenses	25,427.	17	18,171.
	18	Grants payable		18	
	19	Deferred revenue	47,340.	19	0.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		.	
	26	Total liabilities. Add lines 17 through 25	70 767	25	10 171
	20	Organizations that follow FASB ASC 958, check here	72,767.	26	18,171.
nces		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	213,474.	27	100,000.
B	28	Net assets with donor restrictions	205,535.	28	173,548.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
488	31	Retained earnings, endowment, accumulated income, or other funds .		31	
et/	32	Total net assets or fund balances	419,009.	32	273,548.
Ž	33	Total liabilities and net assets/fund balances	491,776.	33	291,719.

Page **12** Form 990 (2023)

Part	XI Reconciliation of Net Assets			•	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,2	56,9	52.
2		2	1,4	12,4	12.
3		3	-1	45,4	60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4:	19,0	09.
5		5			
6		6			
7	Investment expenses	7			
8		8			
9	Carlot changes in field accord of faile balances (explain on concease o).	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10	2'	73,5	49.
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				Ц
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual  Other If the organization changed its method of accounting from a prior year or checked "Other," expl	lain	_		
	Schedule O.	iaiii	OII		
•					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .				×
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both.	niea	or		
	•				
la.	Separate basis Consolidated basis Both consolidated and separate basis		Oh		
b	Were the organization's financial statements audited by an independent accountant?	 d on	2b		×
	separate basis, consolidated basis, or both.	u on	ı a		
	Separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	siah+	of		
C	the audit, review, or compilation of its financial statements and selection of an independent accountant				
	If the organization changed either its oversight process or selection process during the tax year, exp				
	Schedule O.	iaii i	0.1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	n in t	he		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao t			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit				
	DEV 05/00/04 DDO		Forn	990	(2023)

REV 05/09/24 PRO Form **990** (2023)

### Additional Information From Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4b (continued)

**Continuation Statement** 

#### **Description**

As part of our advocacy that orphanages are NOT the answer, OOI released 2 booklets to education donors

and other organizations serving in Haiti.

# SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

OMB No. 1545-0047

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.

Open to Public Inspection

Name	lame of the organization Employer identification number							
		reach Internat					82-0747699	
Par		son for Public Cha						ons.
	-	is not a private founda		,		-	•	
		n, convention of churc					0(b)(1)(A)(i).	
	= (, / (, / (, / (, / (, / (, /							
		al or a cooperative ho						
	hospital	al research organization 's name, city, and stat	e:					
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.)							
8	☐ A comm	unity trust described i	n <b>section 170(b</b> )	(1)(A)(vi). (Complete	Part II.)			
9	or unive universit	•	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	receipts support	nization that normally from activities related from gross investmen by the organization a	to its exempt fu t income and uni	nctions, subject to ce related business taxal	rtain exce ble incom	eptions; a le (less se	and (2) no more than ection 511 tax) from	33 <sup>1</sup> /3% of its
11	☐ An orga	nization organized and	l operated exclus	sively to test for public	c safety.	See <b>sect</b> i	ion 509(a)(4).	
12		nization organized and						
		nore publicly supported on lines 12a through 12						
а	the s	<ul> <li>I. A supporting organ supported organization porting organization.</li> </ul>	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	cont	e II. A supporting orga rol or management of nization(s). You must	the supporting o	rganization vested in	the same			
С	□ Туре	e III functionally integ	rated. A suppor	ting organization oper	rated in c			ally integrated with,
d	that	e III non-functionally is not functionally interior irrement (see instructionally interior irrement)	grated. The orga	nization generally mu	st satisfy	a distribu	ıtion requirement an	
е		ck this box if the organitionally integrated, or						e II, Type III
f		number of supported o						
g	Provide th	e following information	n about the supp	orted organization(s).				
	(i) Name of su	pported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 153,701. 1,256,209. 2,148,629. 2,173,659. 1,262,793. 6,994,991. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . . **Total.** Add lines 1 through 3 4 153,701. 1,256,209. 2,148,629. 2,173,659. 1,262,793. 6,994,991. 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) . . . . 609,473. **Public support.** Subtract line 5 from line 4 6,385,518. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 153,701. 1,256,209. 2,148,629. 2,173,659. 1,262,793. 6,994,991. 7 Amounts from line 4 . . . . . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . 0. 10,318. 2,905. 0. 4,159. 17,382. Net income from unrelated business 9 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.) . . . . . . . **Total support.** Add lines 7 through 10 11 7,012,373. Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 91.06% Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . . 14 Public support percentage from 2022 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 

18

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

#### 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.)

Secti	on A. Public Support			•	·	,	
Calen	dar 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 performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support		ı	T	1	1	
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources						
h	•						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	•			•		
C +:	organization, check this box and stop he						
	on C. Computation of Public Support Public support percentage for 2023 (line 8)			12 column (f)		15	%
15 16	Public support percentage for 2023 (line of Public support percentage from 2022 Sch	, , , , , , , , , , , , , , , , , , , ,	•	, ,,,		16	
16 Secti	on D. Computation of Investment In					10	70
17	Investment income percentage for 2023 (			ov line 13 colu	ımn (f))	17	%
18	Investment income percentage from 2022		* * *	-		18	
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2023. If the organ						
134	17 is not more than 331/3%, check this box						
b	331/3% support tests—2022. If the organiz	_	_	-		_	_
~	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	_	_		· · · · · · · · · · · · · · · · · · ·		_

#### 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

ecu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by		res	NO
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
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?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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).	7		
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).	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
0a	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.	10a		
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.)

Part	Supporting Organizations (continued)			
			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
	provide detail in <b>Part VI</b> .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
a b c	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity</li> </ul>	(see ir	struci	tions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below</i> .  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	$\Box$ Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 ( <i>explai</i>	n in <b>Part VI</b> ). <b>See</b>
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sectio	ns A through E.
Sect	ion 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	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	ntegrated Type III supporti	ng organization

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 **a** From 2018 . . . . . From 2019 **c** From 2020 **d** From 2021 . . . . . From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. 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. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Excess from 2023 . . .

Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE F** (Form 990)

#### Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Name of the organization Employer identification number Overture Outreach International 82-0747699 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to ☐ No award the grants or assistance? X Yes . . . . . . . . . . . . . . . . 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (b) Number (d) Activities conducted in the (a) Region (e) If activity listed in (d) is (f) Total employees, of offices in expenditures for region (by type) (such as, a program service, agents, and the region fundraising, program services, describe specific type of and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) Central America 1 Program Services social-community strengthening 1,031,825. (2)(3)(4)(5) (6)(7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)Subtotal . . . . . 1 148 1,031,825. Total from continuation sheets to Part I . . . .

148

Totals (add lines 3a and 3b)

1,031,825.

**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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Central America	Social Support Model	653,243.	wire			
(2)			Central America	PES Campus Ops	288,720.	wire			
(3)			Central America	Crisis Response	31,739.	wire			
(4)			Central America	Nutrition Support			58,123.	Seeds and Vitamins	FMV
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)				stad above that are r					

Schedule F (Form 990) 2023

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

### Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	☐ Yes	⊠ 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	⊠ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	☐ 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? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	☐ Yes	⊠ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	☐ Yes	⊠ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	☐ Yes	⊠ No

Page 5

### Schedule F (Form 990) 2023 Part V **Supplemental Information** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Pt I Line 2: Oversight for expenses is controlled through a formal fund requisition
process and monthly reporting. Oversight by the US office has online visibility
to expense and cash flow transactions for reconciliations. Programs and projects
are subject to frequent inspections.

# 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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Overture Outreach International	82-0747699
Pt VI, Line 11b: Copies of the 990 were distributed to all mem	
for review and approval	
Pt VI, Line 12c: Directors monitor any conflicts of interest	
Pt VI, Line 15a: Directors review and approve the compensation	of the CEO, Ex.
Dir, and other top management	
Pt VI, Line 15b: Directors review and approve the compensation	of officers and
key employees	
Pt VI, Line 19: Organizational documents are open for public i	nspection via
the website or upon request	

#### **Eorm 8879-TE**

#### **IRS E-file Signature Authorization** for a Tax Exempt Entity

OMB	NO.	1545-0047	

For calendar year 2023, or fiscal year beginning , 2023, and ending

Department of the Treasury

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Internal Revenue Service EIN or SSN Name of filer 82-0747699 Overture Outreach International Name and title of officer or person subject to tax Frank Irr, Treasurer Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. Form 990 check here . . . X **b Total revenue**. if any (Form 990, Part VIII, column (A), line 12) . . . 1,266,952. Form 990-EZ check here . . . **b Total revenue**, if any (Form 990-EZ, line 9) . . . . . . . . 2b 3a Form 1120-POL check here . . **b Total tax** (Form 1120-POL, line 22) . . . . . . . . . . 3b Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5) . 4a 4b **b Balance due** (Form 8868, line 3c) . . . . . . . . . . . . **Form 8868** check here . . . . 5b Form 990-T check here . . . **b** Total tax (Form 990-T, Part III, line 4) . . . . . . . . . . . . . Form 4720 check here . . . **b Total tax** (Form 4720, Part III, line 1) . . . . . . . . . . . . 7a 7b Form 5227 check here . . . . **b FMV** of assets at end of tax year (Form 5227, Item D) . . . . **Form 5330** check here . . . □ **b Tax due** (Form 5330, Part II, line 19) . . . . . . . . . . . 9h 92 10a Form 8038-CP check here . . **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that 🗵 I am an officer of the above entity or 🗌 I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only ☐ I authorize to enter my PIN as my signature **ERO** firm name Enter five numbers, but on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🖾 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 07/15/2024 Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 9 3 8 2 2 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date 08/20/2024 ERO's signature ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So