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Form	330

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

(Rev. January 2020)	
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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

A	For the	e 2019 calend	dar year, or tax year beginning , 2019, and er	ding			, 20							
в	Check if	f applicable:	C Name of organization Overture Outreach Internationa	l		D Empl	oyer identification number							
X	Address	s change	Doing business as Overture International			82-0	747699							
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	uite I	E Telepi	hone number							
	Initial re	turn	PO Box 16045			(336)870-5723							
	Final ret	I return/terminated City or town, state or province, country, and ZIP or foreign postal code												
	Amende	ed return	High Point, NC 27261			G Gross	receipts \$ 153,701.							
	Applicat	tion pending	F Name and address of principal officer:	H((a) Is this a grou	ıp return fe	or subordinates? 🗌 Yes 🔀 No							
			Cameron O Parker, PO Box 16045, High Point, NC 3	27261 H(b) Are all sub	oordinat	es included? 🗌 Yes 🗌 No							
I	Tax-exe	empt status:		27			st. (see instructions)							
J	Website	e:► www.o	verture.international	H(c) Group exe	emption	number 🕨							
к	Form of	organization: 🔀	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of f	ormation:	2017	M State	of legal domicile: NC							
Ρ	art I	Summa	ry											
	1	Briefly des	cribe the organization's mission or most significant activities: Overt	re Internation	nal combines soc	ial devel	opment, community sustainability and							
e		economio	c empowerment to provide a comprehensive self-h	elp app	oroach :	for f	amilies to break							
nan		the cyc	le of poverty and aid dependence.											
veri	2	Check this	box \blacktriangleright if the organization discontinued its operations or dispo	sed of mo	ore than 2	5% of	its net assets.							
Activities & Governance	3	Number of	voting members of the governing body (Part VI, line 1a)			3	4							
<u>م</u>	4	Number of	independent voting members of the governing body (Part VI, line	1b)		4	4							
ties	5	Total numb	per of individuals employed in calendar year 2019 (Part V, line 2a)			5	0							
itivi	6	Total numb	per of volunteers (estimate if necessary)			6	5							
Ac	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12			7a	0.							
	b	Net unrelat	ted business taxable income from Form 990-T, line 39	<u></u> .		7b	0.							
					Prior Year		Current Year							
e	8	Contributio	ons and grants (Part VIII, line 1h)		8,3	300.	153,701.							
Revenue	9	-	ervice revenue (Part VIII, line 2g)	·										
Sev.	10		t income (Part VIII, column (A), lines 3, 4, and 7d)											
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .				0.							
	12		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12		8,3	300.	153,701.							
	13		l similar amounts paid (Part IX, column (A), lines 1–3)	·	4,2	182.	150,934.							
	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											
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)											
ğ	b		aising expenses (Part IX, column (D), line 25) ► 829	<u>.</u>										
ш	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)	·		305.	3,831.							
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	·		987.	154,765.							
	19	Revenue le	ess expenses. Subtract line 18 from line 12			313.	-1,064.							
Net Assets or Fund Balances				Beginn	ing of Curre		End of Year							
sset 3alaı	20		ts (Part X, line 16)	·	49,1		14,799.							
et A Ind E	21		ties (Part X, line 26)	·	40,0		6,750.							
z D	22		or fund balances. Subtract line 21 from line 20	•	9,3	113.	8,049.							
_	art II		re Block											
			, I declare that I have examined this return, including accompanying schedules and e. Declaration of preparer (other than officer) is based on all information of which pro				my knowledge and belief, it is							

	7/\\		04/10/2020						
Sign	Signature of officer		Date						
Here	Cameron O Parker, Ch	airman							
,	Type or print name and title	1)							
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN					
Preparer	Lisa Hyatt	Kin K	04/09/2020	self-employed P00654611					
Use Only	Firm's name ► OVERTURE INC		Firm's	EIN ► 20-5380640					
	Firm's address ► 7858 CLINARD	FARMS RD, HIGH POINT	T, NC 27265 Phone	eno. (336)681-0447					
May the IRS	discuss this return with the prepar	rer shown above? (see instruc	tions)	🛛 🛛 Yes 🗌 No					
For Paperwo	rk Reduction Act Notice, see the sep	parate instructions. BAA	REV 03/04/20 PRO	Form 990 (2019)					

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Part	\sim
	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 combines social development, community sustainability and economic empowerment to provide a comprehensive self-help approach for families to break
	the cycle of poverty and aid dependence.
	the effere of povercy and did dependence.
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
	services?
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.
4a	(Code:) (Expenses \$53,333. including grants of \$0.) (Revenue \$58,403.)
	Tiburon Haiti Pilot Project: community sustainability project to increase
	disaster preparedness with resilient housing, communiity center, disaster
	relief depot, and school. The project involves community members in the sustainability
	planning and implementation and increases the capacity of community members to overcome poverty through the development of economy.
	members to overcome poverty through the development of economy.
4b	(Code:) (Expenses \$ 72,960. including grants of \$ 0.) (Revenue \$ 72,960.)
	Overture receives nutritious rice meals for distribution to vulnerable families
	and for hot lunch programs in schools in the rural communities of South Haiti.
4-	
4c	(Code:) (Expenses \$ 27,469. including grants of \$ 0.) (Revenue \$ 22,338.)
	Overture supports social development projects including school support in Tapion Haiti and school lunch programs in various schools in South Haiti. Other projects include:
	community sustainability assessments and planning with community members;
	a business training program; and various projects in the support reunifications and
	child protection.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 153,762.
	REV 03/04/20 PRO Form 990 (2019)

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	×	
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 "Yes," complete Schedule C, Part I</i>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If</i> "Yes," <i>complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i> .	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, VII, 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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	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	Did the organization maintain an office, employees, or agents outside of the United States?	14a	×	
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			
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	×	
16	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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part III</i>	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		×

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i> .	23		×
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part III</i>	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×
b	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 lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	×	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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 "Yes," 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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
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 in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38		×
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
		• •	 Yes	No
1a ⊾	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and			
c	reportable gaming (gambling) winnings to prize winners?	1c		

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	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		
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
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 ►			
_	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?	<u>5a</u>		×
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	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
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).	00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	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		<u>~</u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
a l	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
e	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	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.			
a	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources 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 the organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
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			<u> </u>
	excess parachute payment(s) during the year?	15		
	If "Yes," see 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.			

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Secti	on A. Governing Body and Management			1
1 a	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	-	Yes	No
	committee, explain on Schedule O.			
b 2	Enter the number of voting members included on line 1a, above, who are independent . 1b 4 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		×
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		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
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>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	×	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> .	120	×	
13	Did the organization have a written whistleblower policy?	13	×	
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	×	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NC			
18	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.	Г (Sec	tion t	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	f inter	rest p	olicy,

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► Lisa Hyatt, 7858 Clinard Farms Rd, High Point, NC 27265 (336)870-5723

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

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

See 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.

x				(0	C)					
(A)	(B)	(da 10	at ab		ition	then a		(D)	(E)	(F)
Name and title	Average	box, ι	(do not check more than one box, unless person is both an officer and a director/trustee)			n an	Reportable	Reportable	Estimated amount	
	hours per week						compensation from the	compensation from related	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)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)Cameron Parker	20.00									
Chairman				×				0.	0.	0.
(2) Jocelyn Nelson Vice-Chairman	20.00			×				0.	0.	0.
(3) Lisa Hyatt Treasurer	20.00			×				0.	0.	0.
(4) Maxo Fontaine Secretary	20.00			×				0.	0.	0.
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, 7	Trustees,	Key	Em	plo	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (c	contin	ued)										
	(A) Name and title	(B) Average hours per week	officer and a director/trust			Position (do not check more than box, unless person is bo officer and a director/tru					(B) Position (do not check more thar box, unless person is bo officer and a director/tru				Average (do not of box, unle hours officer a			n an tee)	(D) Reportable compensation from the	(E Repor compen from re	table isation	1	(F) ted amo other pensatio	
		(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)	organiz (W-2/109	ations	fro	om the zation a	and										
(15)			-																					
(16)			-																					
(17)			-																					
(18)			-																					
(19)			-																					
(20)			-																					
(21)			-																					
(22)			-																					
(23)			-																					
(24)			-																					
(25)			-																					
1b c d	Subtotal			•	•	•••	· ·		0.		0.			0.										
2	Total number of individuals (including but reportable compensation from the organi	t not limited				ted	above 0	e) w		e than \$1		of												
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	officer, dire				e, k	key e	•	loyee, or highes			3	Yes	No X										
4	For any individual listed on line 1a, is the organization and related organizations individual	greater the	an \$'	150,	,000)? [f "Ye	s,"	complete Schee					×										
5	Did any person listed on line 1a receive of for services rendered to the organization?											5		×										
-	on B. Independent Contractors																							
1	Complete this table for your five high compensation from the organization. Rep																							
	(A) Name and business add	Iress							(B) Description of serv	vices		(C) Compens	ation											

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Form 9		1								Page 9
Part	VIII	Statement of Rev								
		Check if Schedule	Осо	ntains a re	spor	se or note to an	y line in this Pa	art VIII		<u> 🗆</u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
Ъ, G		Fundraising events			1c					
ìifts ar A	d	Related organizatio			1d					
s, G mila	е	Government grants			1e					
ion Si	f	All other contribution				150 501				
the		and similar amounts no			1f	153,701.				
li di li	g	Noncash contributio			1g	\$ 91,363.				
and	h	Total. Add lines 1a-					153,701.			
					• •	Business Code	195,701.			
e	2a									
Program Service Revenue	b									
Se	С									
jram Ser Revenue	d									
2 B C B C	е									
Pro 1	f	All other program se								
	g	Total. Add lines 2a-	-2f.			🕨				
	3	Investment income								
		other similar amoun								
	4	Income from investr								
	5	Royalties	· ·							
	0-	0	0	(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses Rental income or (loss)								
	c d	Net rental income o		2)						
			1 (1030	(i) Securit		(ii) Other				
	7a	Gross amount from sales of assets		()						
		other than inventory	7a							
an	b	Less: cost or other basis								
_		and sales expenses .	7b							
ev.	С	Gain or (loss)	7c							
г Н	d	Net gain or (loss)			<u> </u>	<u> </u>				
Other Reve	8a	Gross income fro		ndraising						
0		events (not including								
		of contributions rep								
		1c). See Part IV, line			8a					
	b	Less: direct expens			8b	>				
	C Oc	Net income or (loss)			y eve	ents 🕨				
	9a	Gross income factivities. See Part		0 0	9a					
	b	Less: direct expens			9b					
		Net income or (loss)				⊨ es►				
		Gross sales of in								
		returns and allowan			10a					
	b	Less: cost of goods	sold		10b					
	с	Net income or (loss) from	sales of ir	vento	ory 🕨				
sr						Business Code				
eor	11a									
ent	b									
Miscellaneous Revenue	c							-	-	-
Alis F	d		• •				0.	0.	0.	0.
-	10	Total. Add lines 11a					0.	^	0.	
	12	Total revenue. See	: INSTRI	uctions			153,701.	0.	0.	0.

	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a response	or note to any line	in this Part IX		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	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				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	150,934.	150,934.		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
c					
d					
e	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 Schedule O.)				
12	Advertising and promotion	1,237.	408.	0.	82
13	Office expenses	1,324.	1,150.	174.	02
14	Information technology	349.	349.	0.	
15	Royalties	549.	549.	0.	
16					
17 18	Travel	0.7.0	0.5.0	0	
		270.	270.	0.	
19 20	Conferences, conventions, and meetings .				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered 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.)				
а	Phone Expenses	651.	651.	0.	
b				~ •	
c					
d					
e e	All other expenses				
25	All other expenses	154,765.	153,762.	174.	82
25 26	Joint costs. Complete this line only if the	104,/05.	103,702.	1/4.	82
20	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)				

Form 990 (2019)

	n 990 (20	•			Page 11
Ρ	art X				
		Check if Schedule O contains a response or note to any line in this Par	tX (A) Beginning of year		 (B) End of year
	1	Cash-non-interest-bearing	49,113.	1	14,799.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
∢	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a		10	
	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 16	Other assets. See Part IV, line 11	49,113.	15 16	14 700
	17	Total assets. Add lines 1 through 15 (must equal line 33) . <td>49,113.</td> <td>17</td> <td>14,799. 6,750.</td>	49,113.	17	14,799. 6,750.
	18	Grants payable		18	0,750.
	19	Deferred revenue	40,000.	19	
	20	Tax-exempt bond liabilities	40,000.	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,		21	
Liabilities	~~	trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Lia	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		25	
	26	Total liabilities. Add lines 17 through 25	40,000.	26	6,750.
nces		Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.			
alaı	27	Net assets without donor restrictions	9,113.	27	7,457.
ä	28	Net assets with donor restrictions		28	592.
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	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	9,113.	32	8,049.
Ž	33	Total liabilities and net assets/fund balances	49,113.	33	14,799.

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Form **990** (2019)

Form 99	00 (2019)				Pa	ge 12
Part					-	
	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		15	53,7	01.
2	Total expenses (must equal Part IX, column (A), line 25)	2		15	54,7	65.
3	Revenue less expenses. Subtract line 2 from line 1	3		-	-1,0	64.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			9,1	13.
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			8,0	49.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			•		
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	in 📗			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 1	2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		. 1	2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	na			
	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 over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	ant?	. 1	2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.	-				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		
	REV 03/04/20 PRO			Form	990	(2019)

SCHEDULE A	
(Form 990 or 990-EZ))

Public Charity Status and Public Support

OMB No. 1545-0047 2019

Open to Public

Inspection

Department of the Treasury
Internal Revenue Service

Total

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.

Name	Name of the organization Employer identification number						
	ture Outreach Internat					82-0747699	
Par						,	ns.
The c	rganization is not a private found				-	,	
1	A church, convention of church						
2	A school described in sectior						
3	A hospital or a cooperative ho		•				(III) Enter the
4	A medical research organizati hospital's name, city, and stat	•	onjunction with a hosp	Jital desc	nbea in s		III). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6	A federal, state, or local gover	. ,	mental unit described	l in sectio	on 170(b)	(1)(A)(v)	
7	An organization that normally described in section 170(b)(1	receives a subs	tantial part of its sup				the general public
8	A community trust described	in section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organ or university or a non-land-gra university:	nization described	d in section 170(b)(1)	(A)(ix) op			
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt function to the termination of termi	nctions—subject to co related business taxal	ertain exc ble incom	eptions, ie (less se	and (2) no more that action 511 tax) from	n 331/3% of its
11	An organization organized and	d operated exclus	sively to test for public	c safety. S	See sect i	ion 509(a)(4).	
12	An organization organized and of one or more publicly supp Check the box in lines 12a three	orted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). See	e section 509(a)(3).
а	Type I. A supporting orga	•	••••••		-	•	-
-	the supported organization supporting organization.	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same			
с	Type III functionally integrits supported organization						ally integrated with,
d	Type III non-functionally that is not functionally inter requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	
е	Check this box if the orgation functionally integrated, or	nization received	a written determination	on from th	ne IRS tha	at it is a Type I, Type ion.	e II, Type III
f	Enter the number of supported	•••					[]
g	Provide the following informatic	•	orted organization(s).				
	(i) Name of supported 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)							

 Part II
 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.)

 Constant
 A Public Support

Secti	on A. Public Support				•	,	
Calen	ıdar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			11,500.	8,300.	153,701.	173,501.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			11,500.	8,300.	153,701.	173,501.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						173,501.
Secti	ion B. Total Support						
Calen	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4			11,500.	8,300.	153,701.	173,501.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						173,501.
12	Gross receipts from related activities, etc	•				12	
13 Secti	First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re		a, thira, tourth	-		· · · · · · · · · · · · · · · · · · ·
14	Public support percentage for 2019 (line 6	6, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2018 Sch					15	%
16a	33 ¹ / ₃ % support test-2019. If the organ						
b	box and stop here. The organization qua 33 ¹ / ₃ % support test — 2018. If the organi this box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	is 33¹/₃% or m	ore, check
17a							
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization r Explain in Part VI how the organization r supported organization	ation meets th neets the "fac	e "facts-and-c ts-and-circums	circumstances' stances" test.	' test, check † The organizati	this box and son qualifies as	stop here. a publicly
18	Private foundation. If the organization di						
_	instructions						
							0 or 990-EZ) 2019

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				Simpleter art		
	idar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2015	(b) 2010		(u) 2018	(e) 2019	(1) 101ai
•	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						
3	organization's tax-exempt purpose Gross receipts from activities that are not an						
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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.)						
Secti	on B. Total Support						1
Calen	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the		 n'a first accor	d third fourth	 or fifth toy v		501(a)(2)
14	organization, check this box and stop he	•					
Saati	on C. Computation of Public Support						
<u>3ecu</u> 15	Public support percentage for 2019 (line a			13 column (f)		15	%
15 16	Public support percentage for 2019 (line Public support percentage from 2018 Scl		-			15	% %
	on D. Computation of Investment In					10	90
	-		-	av line 19 act	imp (ft)	17	07
17 19	Investment income percentage for 2019 (-			<u> </u>
18 10a		m 2018 Schedule A, Part III, line 17................ <mark>]8</mark> e organization did not check the box on line 14, and line 15 is more than 33 ¹ /3%, a					
19a	17 is not more than 33 ¹ / ₃ %, check this box						
			-	-		-	
b	331 /3% support tests – 2018. If the organiz						
	line 18 is not more than 33 ¹ / ₃ %, check this		-				
20	Private foundation. If the organization di			, 19a, or 19b, (
		RE	V 03/04/20 PRO		Sch	nedule A (Form 99	0 or 990-EZ) 201

Part IV Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10h

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
ecti	on B. Type I Supporting Organizations		•	
			Yes	No

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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 supported organization(s).

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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's</i> supported organization and in directing the tax year?			
	supported organizations played in this regard.	3		

Section 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 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.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. *Answer (a) and (b) 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 in (a) 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 (a) and (b) 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? *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.*

1

2

1

Yes No

Yes No

2a

2b

3a

1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):			
a 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		
e 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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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		
C Distributable Amount Culotrast line E from line 4 unlage subject to			

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 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)) Supporting Organi	zations (continued)	Page
Sect	ion D–Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a b				
c d				
e f				
-	Total of lines 3a through eApplied to underdistributions of prior years			
<u>g</u>	Applied to underdistributions of phor years			
<u>h</u>	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2019 from			
4	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

	EDULE F	State	ement of	f Activitie	s Outside the Uni	ited States		MB No. 1545-0047
(Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV,								2019
► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.							pen to Public	
Internal	Revenue Service	•	ao to www.irs	.gov/Form9901	or instructions and the lates	information.		entification number
	rture Outrea	ach Intern	ational				82-0747	
Par		Information), Part IV, line		ies Outside	the United States. Con	nplete if the orga	inization ar	nswered "Yes" on
1	other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?							
_	outside the Un	ited States.				-	-	
3	· · ·	•		I, line 3 table c	can be duplicated if addition		,	
	(a) Region	1	(b) Number of offices in the region	employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity liste a program se describe specifi service(s) in the	ervice, c type of	(f) Total expenditures for and investments in the region
(1)	Central Ame	rica	1	3	Program Services	Social and community	development	150,934.
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a	Subtotal	1	3		150,934.
b	Total from continuation sheets to Part I				
с	Totals (add lines 3a and 3b)	1	3		150,934.

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	(d) 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	Community Developmen	59,571.	wire	91,363.	Food/tools	FMV
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2				ed above that are reco as provided a section					1
3									1

Schedule F (Form 990) 2019

Page **2**

(c) Number of recipients	(d) 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
			Image:		

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.

Page 3

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

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Schedule F (Form 990) 2019

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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury	
Internal Revenue Service	

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

	IIIəh
Employer identificat	ion number

Verture Outreach International	ture O	utreach	International	
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82-0747699
02 0/1/0//

Part	Types of Property		-		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art-Works of art				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities-Publicly traded				
10	Securities-Closely held stock .				
11	Securities—Partnership, LLC, or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate-Other				
18	Collectibles				
19	Food inventory	×	2	72,960.	
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (<u>Tools</u>)	×	1	18,403.	
26	Other ► ()				
27	Other ► ()				
28	Other► ()				
29	Number of Forms 8283 received	by the or	ganization during the tax	ear for contributions for	
	which the organization completed	l Form 8283	3, Part IV, Donee Acknowle	dgement	29
					Yes No
30a	During the year, did the organiza	tion receive	by contribution any prope	erty reported in Part I, lines	3 1 through
	28, that it must hold for at least t				
	to be used for exempt purposes		re holding period?		30a ×
b	If "Yes," describe the arrangement	it in Part II.			

31	Does the o	organization	have	a g	jift a	icceptan	ce	policy	that	requires	the	review	of a	any	non	stand	ard
	contribution	s?															
32a	Does the or	rganization h	nire or	use	third	parties	or	related	orgar	nizations ⁻	to so	licit, pro	cess	, or	sell	nonca	ash

 contributions?
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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. BAA

31

32a

×

×

	Page Page Page Page Page Page Page Page
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received,
	or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)	rm 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. artment of the Treasury Attach to Form 990 or 990-EZ.					
Department of the Treasury Internal Revenue Service						
Name of the organization		Employer identific	Inspection ation number			
Overture Outreach	1 International	82-0747699)			
Pt VI, Line 11b:	Copies of the 990 were distributed to all membe	rs of manago	ement			
for review and ap	oproval					
Pt VI, Line 12c:	Directors monitor any conflicts of interest					
Pt VI, Line 15a:	Directors review and approve the compensation o	f the CEO, 1	Ex.			
Dir, and other to	p management					
Pt VI, Line 15b:	Directors review and approve the compensation o	f officers a	and			
key employees						
Pt VI, Line 19: 0	Organizational documents are open for public ins	pection via				
the website or up	oon request					